

**THE ROLE OF FILM IN ENHANCING INTERN CLINICAL PSYCHOLOGISTS'  
UNDERSTANDING OF BORDERLINE PERSONALITY DISORDER**

by

**STEPHANIE KATHARINA NOWACK**

submitted in accordance with the requirements for  
the degree of

**MASTER OF ARTS**

in

Psychology

at the

UNIVERSITY OF SOUTH AFRICA

SUPERVISOR: Dr Christine Laidlaw

(November 2018)

## Declaration

**Name:** Stephanie Katharina Nowack

**Student number:** 57515352

**Degree:** Master of Arts in Research Psychology

The role of film in enhancing intern clinical psychologists' understanding of borderline personality disorder

**I declare that the above dissertation is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.**

27 November 2018

SIGNATURE

DATE

### **Acknowledgements**

This study would not have been possible without the support, enthusiasm and guidance from several individuals and institutions. I would like to express my sincere appreciation to each of the following:

Dr Christine Laidlaw, for inspiring me from the start. You were more than I could have ever asked for in a supervisor. I wish to convey my immense gratitude to you. Thank you for your boundless passion, encouragement, warm demeanour and mentorship. Thank you for sparking the interest of cinema education in me. I will never stop loving my topic.

Weskoppies Psychiatric Hospital, for allowing me to conduct my research in your setting. Thank you for understanding the importance of cinema education and encouraging this research.

My research participants, who stirred me with their honesty and authenticity in response to my questions. You kept me in awe. I have learned so much from you. The field of psychology is lucky to have you.

Unisa's Student Funding Directorate, for the post-graduate bursary, making financial assistance available for the current research study.

Prof. Benjamin Mardel and Dr S. Lynne Solis, my dear colleagues and mentors from Project Zero, Harvard Graduate School of Education. Thank you for introducing your pedagogy of play to South Africa and making me aware of the importance of ownership, curiosity and enjoyment in all learning processes.

Jennifer Graham, for making me see the light in the midst of coding chaos. You restored my hope when I thought I had lost sight of the wood for the trees. The confidence that was instilled when I realised that what I was finding in my data was similar to your findings made me sigh in relief.

Jonsie, I would like to express my sincere gratitude to you. You kept me going. Thank you for the endless intellectual discussions. Thank you for laughing when I thought I had become borderline myself. Thank you for Lulu and for Hips. Thank you for your kaleidoscopic perspectives and fascinating soul.

Anni, for helping this train finally reach its destination. At least for now. Let us rest and, when we start again, be sure to take the seat next to me. Thank you for teaching me how to get through the first 30 minutes. Thank you for the tea, tears and tantrums. You are appreciated.

Dani, for being my constant role model. I could never have sat for such long hours without knowing that you were right there beside me, sitting even longer hours. Thank you for nagging me to push for another 30 minutes. Thank you for phoning in disappointment, expressing that you thought we would study together today: *“Wann kommst du nach Hause, Peh?”*

Meli, for keeping me on my toes with your difficult questions concerning the universe, the cure for poverty, global warming and Gustav Stresemann. With your 16-years of age, you ever so subtly remind me that writing a Master’s dissertation will never mean that I am the smartest in the house.

Papa and Mama, my dear parents. May you know how much I love and appreciate you. I wish to thank you for the endless amounts of *Käffchen* and papaya. Thank you for your eternal support. Thank you for letting me be grumpy when I did not achieve my daily writing goals. Thank you for *Beißschweiß* and your unconditional love.

## Table of Contents

Declaration.....	ii
Acknowledgements.....	iii
List of Appendices .....	viii
List of Diagrams and Tables .....	ix
Abstract .....	x
<b>Chapter 1: Introduction .....</b>	<b>1</b>
1.1 Lifelong Kindergarten.....	1
1.2 Research Rationale.....	5
1.3 Problem Statement .....	7
1.4 Aims and Objectives .....	8
1.5 Research Question .....	8
1.6 Where to from here .....	8
<b>Chapter 2: Literature Review .....</b>	<b>10</b>
2.1 Introduction.....	10
2.2 Borderline Personality Disorder .....	10
2.3 <i>Sylvia</i> (Owen & Jeffs, 2003).....	20
2.4 <i>Black Butterflies</i> (Van Gestel & Van der Oest, 2011) .....	22
2.5 Lifelong Kindergarten and the 21 <sup>st</sup> -century Mind – Why films can Enhance Intellectual Empathy .....	29
2.6 Theoretical Premises: Beyond Images.....	41
2.7 Films as Educational Tools .....	50
2.8 Conclusion .....	61
<b>Chapter 3: Methodology.....</b>	<b>63</b>
3.1 Introduction.....	63
3.2 Paradigmatic Underpinnings.....	63
3.3 Rationale for Qualitative Research Design.....	67
3.4 Sampling .....	67
3.5 Data Collection .....	69
3.6 Method of Analysis.....	73
3.7 Trustworthiness of Data.....	77
3.7.1 Credibility.....	77
3.7.2 Transferability .....	78
3.7.3 Dependability .....	79

3.7.4 Confirmability .....	80
3.8 Ethical Considerations .....	81
3.9 Conclusion .....	88
<b>Chapter 4: Findings and Discussion</b> .....	89
4.1 Introduction .....	89
4.2 Themes and Sub-themes .....	89
4.2.1 “Sucked in” .....	94
4.2.1.1 “You become part of their story”: Making a personal connection with the characters and their struggles .....	96
4.2.1.2 “It hits you more emotionally”: Enhancing the cognitive learning experience with films .....	100
4.2.1.3 “Stuck with me”: The lingering memories of particular film scenes and how this may impact future treatment of BPD patients .....	103
4.2.2 “You get a person” .....	110
4.2.2.1 “It becomes real”: Experiencing the human side of BPD .....	111
4.2.2.2 “In the main character’s shoes”: Stirring up empathy and compassion through emotional connection and understanding .....	115
4.2.2.3 “You can actually feel the symptoms”: Vicarious experience of BPD symptoms through film techniques .....	120
4.2.3 “A window into” .....	123
4.2.3.1 “A picture of what really happened”: Providing insight into how individuals with BPD behave in their social settings .....	124
4.2.3.2 “Climbing out of your clinical shoes”: Creating distance from the role of therapist .....	130
4.2.3.3 Linking BPD symptoms to real-life scenarios: Films as a fusion between entertainment and education .....	134
4.2.4 Portraying the complexity of BPD .....	136
4.2.4.1 “We [mistakenly] assume that all borderlines are the same”: Revealing how BPD symptoms can manifest differently across individuals .....	137
4.2.4.2 “Going below the surface”: Moving beyond the explicit level of BPD .....	141
4.2.4.3 “Painted a better picture”: Gaining insight into the complexity and intensity of BPD .....	145
4.2.5 Films as educational tools .....	151
4.2.5.1 From the abstract to the “concrete”: Utilising films to augment course learning material .....	152
4.2.5.2 “A primer of what to look for”: Reading preparation before and a group discussion after viewing to increase the educational value thereof .....	154

4.2.5.3 “Condensing... diagnostic facets”: Highlighting aspects of BPD through the use of film clips.....	159
4.2.5.4 “Overemphasising for theatrical effect”: Possible disadvantages of utilising films for educating about mental health disorders.....	161
4.3 Conclusion .....	165
<b>Chapter 5: Conclusion</b> .....	167
5.1 Introduction.....	167
5.2 Overall Findings.....	167
5.3 Contribution and Strength of Study .....	174
5.4 Limitations of Study .....	176
5.5 Recommendations for Future Research Directions .....	177
5.6 Conclusion .....	179
<b>References</b> .....	180

## **List of Appendices**

Appendix A: Ethical Clearance from Unisa .....	195
Appendix B: Ethical Clearance from Psychiatric Institution.....	197
Appendix C: Information Letter .....	198
Appendix D: Cover Letter for Gabbard (2005) Reading .....	199
Appendix E: Informed Consent for Questionnaires.....	200
Appendix F: Questionnaire .....	202
Appendix G: Informed Consent for Semi-Structured Interviews .....	206
Appendix H: Semi-Structured Interview Guides .....	208
Appendix I: Co-coding Certificate.....	209
Appendix J: Confidentiality Agreement .....	210
Appendix K: Letter from Editor .....	211



## List of Diagrams and Tables

Diagram 2.1 The Kindergarten Approach to Learning.....	195
Diagram 4.1 Themes – From Internal to External.....	91
Table 4.1 Themes and Sub-themes.....	91
Table 4.2 Theme 1: “Sucked In”.....	95
Table 4.3 Theme 2: “You Get a Person”.....	110
Table 4.4 Theme 3: “A Window Into”.....	123
Table 4.5 Theme 4: Portraying the Complexity of BPD.....	137
Table 4.6 Theme 5: Films as Educational Tools.....	151

## Abstract

Psychologists-in-training are often presented with textbook definitions and descriptions of individuals presenting with psychopathologies. A major challenge for such texts is to effectively convey the relational issues and interpersonal dynamics of the mental disorders. The current study explores the role of film in enhancing intern clinical psychologists' understanding of borderline personality disorder by specifically utilising the films *Sylvia* and *Black Butterflies*. A qualitative, phenomenological study was conducted with 15 clinical psychology interns at a tertiary psychiatric hospital in Gauteng, South Africa. The collected data consisted of responses to open-ended questionnaires and semi-structured interviews and was analysed according to an interpretive phenomenological analysis. Although the analysis was conducted inductively, the researcher also made deductive inferences from the data based on contemplations about the link between archetypes and images and learning and archetypal experiences. The importance of and connection to 21<sup>st</sup>-century learning skills, the creative learning spiral and a pedagogy of play were also taken into consideration while analysing the data. The findings of the current study suggest the ability of the two films to draw one in and to cause one to emotionally connect with the characters. Furthermore, films form an opportunity for trainees to practice psychodynamic formulations and not only focus on biological reductionisms of the disorder.

Keywords: archetypes, *Black Butterflies*, borderline personality disorder, cinema education, clinical psychology interns, educational tool, interpretive phenomenological analysis, *Sylvia*, pedagogy of play

## **Chapter 1: Introduction**

### **1.1 Lifelong Kindergarten**

Today, children spend more time with phonetics flashcards and language worksheets than finger paint and building blocks. Robinson (2011), a creativity and education expert, states that kindergarten is increasingly becoming more like the rest of formal school. Mitchel Resnick, Professor of Learning Research at the Massachusetts Institute of Technology (MIT) Media Lab, is arguing for precisely the opposite: the rest of school (even the rest of life) should be more like kindergarten. In order to flourish in the 21<sup>st</sup> -century, which is a rapidly changing world, individuals of all ages need to learn to think and act creatively – and an ideal manner to do so is to focus our attention more on imagining, creating, playing, sharing and reflecting in exactly the same way children do in kindergarten (Resnick, 2017).

The notion of a “lifelong kindergarten,” coined by Resnick (2017), encapsulates the nature and framework in which this dissertation is embedded. It not only serves as an important term of reference but also, and perhaps more importantly, guides the spirit of this study. Resnick (2017), who builds on more than 30 years’ experience at MIT’s Media Lab, explores various strategies to engage young learners in more creative and playful learning experiences. By creating platforms and opportunities for individuals to work on projects collaboratively and playfully with their peers, based on their own interests, learners can be aided to prepare for a world that demands creative and innovative thinking more than ever before (Robinson, 2011).

This idea of a creative learning spiral (Resnick, 2017) of imagining, creating, playing, sharing and reflecting is echoed in the pedagogy of play approach of Project Zero, an intellectual and academic wellspring at the Harvard Graduate School of Education. Project Zero explores viable ways to nourish inquiry into the intricacy of human potentials –

understanding, intelligence, creativity, thinking and ethics – as well as find ways to maintain them across diverse contexts. Similar to Resnick’s (2017) notion of a lifelong kindergarten, Project Zero seeks to adequately prepare learners for the ever-changing world of the 21<sup>st</sup> - century in which they will work, live and develop. A “playful mind set” is a primary focus of these approaches and underlies the enlightened pedagogical systems and processes.

The pedagogy of play project, a sub-programme of the Harvard Graduate School of Education’s Project Zero, specifically focuses on nurturing school cultures that support and value playful learning. The importance of play in a child’s development is well-known: through play, children not only learn to make sense of their external world, but they also learn to explore and form friendships. Moreover, play is central to how children experiment with social, intellectual, ethical and emotional ideas (Mardell, Wilson, Ryan, Ertel, Krechesky, and Baker, 2016). Much is known about the developmental benefits play has on children. Yet, insufficient research has probed into the meaning of having play at the core of schooling. Important questions – such how a schooling system can make space for play; where the connection lies between playful learning and play; and how a school community, curricula and teachers can generate an ethos that supports a playful education – remain unanswered. Understanding the practices around play and playful learning remains an ambiguous responsibility and charge (Mardell et al., 2016).

Mardell et al. (2016), who form the core of the pedagogy of play research team at the Harvard Graduate School of Education, have worked together to find a solution for these questions in two settings. Firstly, along with teachers, administrative staff and learners from the International School of Billund (ISB) in Denmark, Mardell et al. (2016) collaborated with the LEGO Foundation to conduct meaningful participatory research to develop a framework that incorporates more playfulness into schooling systems. Secondly, since 2017, the research team has begun a two-year observational study in South African contexts. Mardell et al.

(2016) explore what playful learning involves and looks like in South African school, investigating how South African children learn playfully in school.

As abovementioned, Resnick (2017), LEGO Papert professor of learning research and director of the lifelong kindergarten group at the MIT Media Lab, states that the rest of school (even the rest of life) should be more like kindergarten. This dissertation will explore the ways in which playful learning can be incorporated into university courses. The study will probe into the possibilities of moving away from traditional teaching approaches and adapting a more playful learning mind set, even for professional graduates. Using the notion of lifelong kindergarten as an elemental framework and point of reference for this dissertation, the playful learning approach was studied with university students learning at a tertiary psychiatric hospital. More specifically, the participants of this study were intern clinical psychologists.

Understanding what playful learning looks like in South African schools, raises interest to ask the same questions about university students. Grosser (2016), Professor for Cognitive Development and Critical Thinking Development at the School of Education Sciences at the North-West University, addresses these questions specifically in a South African context. Grosser (2016) emphasises that the majority of educational systems are still rooted in the idea of an industrial age where textbook approaches and spoon-feeding teaching methods form the core of learning. Grosser (2016) argues for a complete paradigm shift in education with a focus on what she terms “advanced performance.” Advanced performance stands in contrast to a one-size-fits-all approach to learning, which does not equip students with the disposition and skills to cope with the demands of the 21<sup>st</sup> century. Grosser (2016) argues that the education system in South Africa is excessively fixated on content-driven teaching and assessments as opposed to realising advanced performance.

With a paradigm shift from the industrial age to the conceptual age, Pink (2006) agrees with Grosser (2016) in stating that students need to possess the necessary skills to be empowered to *empathise* with others and be confident in their critical and academic skills to create and innovate. Pink (2006) argues for a perspective-altering stance on learning for individuals working and living in the 21<sup>st</sup>-century, in which critical thinking forms the fundamental core. Pink's (2006) argument is entrenched in the ongoing movement that has been developing over the past 150 years. This evolution of the mind started with the agricultural age in the 18<sup>th</sup> century, where there was a predominant need for farmers. It further progressed to the industrial age in the 19<sup>th</sup> century, where the majority of individuals were educated to become factory workers. The information age of knowledge workers in the 20<sup>th</sup> century may be seen as the next milestone. Yet Pink (2006) argues, that most educational systems still follow approaches that are rooted in frameworks of the industrial and information ages. However, with almost 20 years into the 21<sup>st</sup>-century we have entered the conceptual age of creators and empathisers (Pink, 2006).

Similarly, Grosser (2016) stresses that learners need to be empowered to develop into advanced performers who are socially and intellectually confident and, perhaps equally important, have workplace and life-readiness with a comprehensive outlook and concern for their fellow human beings. This notion and importance of a concern and empathy for others moves away from a purely content-based, textbook approach to learning. The learning process should not merely be based on logic but also empathy (Grosser, 2016). Reason and logic alone will not be enough to comprehend what drives individuals, to nourish interpersonal relationships and to care for others. In the same way, Pink (2006) states that the skill to develop an equilibrium between being disconnected at times and then again attached to people or events is an important 21<sup>st</sup>-century ability. This so-called intellectual empathy, to have the skill to understand other people and to put oneself in their shoes, is specifically

important for the psychology profession and, more specifically, clinical psychologists-in-training.

## **1.2 Research Rationale**

In connection with the above-mentioned intellectual empathy and the ability to feel what another person is feeling, South African clinical psychologists-in-training are typically only exposed to patients in their internship year. The nature of the profession leaves little space for trainees to gain confidence not only with the challenging processes of diagnosis but also to gain a deeper understanding of intellectual empathy and the interpersonal implications of certain psychopathologies. Intern clinical psychologists have little scope to practice the difficulties of diagnosing as textbook contents studied in universities do not adequately convey the necessary skills of empathising or truly understanding what it is like to be another person.

In line with the lifelong kindergarten approach to learning, the current research will explore the role of films as a playful educational tool for intern clinical psychologists to learn essential 21<sup>st</sup>-century skills. The freedom to learn from trial and error, pretending and imagining, tinkering with ideas or strategising are all playful learning elements that should not be implemented when dealing with real-life patients. However, having the opportunity to discuss and debate characters from a film without the worry of the drastic consequences of misdiagnosing gives trainees a chance to become more confident in these skills. The analysis of the existing international literature has revealed a well-documented incorporation of film as an educational tool for psychology students as well as other social science trainees. The rationale for the need of popular film in education has been demonstrated (Alexander, Lenahan & Pavlov, 2005; Darbyshire & Baker, 2012). There is cumulative confirmation that this is indeed a powerful approach to teaching in the increased focus on the utilisation of the arts in medical education (Darbyshire & Baker, 2012).

In the last 20 years, healthcare instructors have progressively used films as an educational tool for training a broad spectrum of learners in psychosocial dynamics (Alexander et al., 2005). In this regard, the field of psychology, with specific reference to the challenging processes of diagnoses, seems to be especially prominent. Studies, including Alexander et al. (2005), Gabbard and Gabbard (1999), Gramaglia, Jona, Imperatori, Torre and Zeppegno (2013), Wedding, Boyd and Niemiec, (2010) and Zimmerman (2003), to name a few, have shown that the use of films in an educational setting in combination with an interactive discussion provides students with a more holistic image of various psychopathologies.

Having considered the advantages of films as an educational tool outlined in the previous paragraph, it is appropriate to consider some of the difficulties as well as the opportunities this learning format has for the future. It has been suggested by Alexander et al. (2005) that a major challenge faced by so-called cinema educators is the immense difficulty of keeping up with all the new films on the market. Indeed, attempting to determine and classify carefully selected scenes from the latest films for education purposes is an intimidating undertaking. Yet, identifying and analysing contemporary films for inclusion into the cinema education syllabus is crucial if this learning format is to remain important (Alexander et al., 2005). Alexander et al. (2005) declare that perhaps the most valuable manner to do this is by means of a joint effort of researchers.

The films proposed for this specific study, *Sylvia* (Owen & Jeffs, 2003) and *Black Butterflies* (Van Gestel & Van der Oest, 2011), have not yet been incorporated into the curriculum with specific reference to BPD. *Sylvia* (Owen & Jeffs, 2003) has, however, been suggested to successfully demonstrate the virtue of using creativity as a coping mechanism to deal with troublesome times. Niemiec (2010) argued that Sylvia Plath in *Sylvia* (Owen & Jeffs, 2003) displays this use of creativity by means of her poetry. As such, it may be argued that owing to the above-mentioned need to continuously explore not-yet analysed films as teaching



tools, it is reasonable to suggest that incorporating *Sylvia* (Owen & Jeffs, 2003) and *Black Butterflies* (Van Gestel & Van der Oest, 2011) in this study would widen the pool of the existing curriculum. Moreover, the portrayed protagonist Ingrid Jonker in *Black Butterflies* (Van Gestel & Van der Oest, 2011) is a uniquely South African public figure, which makes this film particularly useful and interesting for South African trainees.

It may, furthermore, be argued that BPD is often difficult to treat and research is needed to assist psychologists-in-training more effectively with the diagnosis. The interns at the tertiary psychiatric hospital who participated in this study are exposed to a patient population that is generally difficult to treat (Alexander et al., 2005). If the diagnosis is not accurately identified and properly treated, these individuals can be in danger and employ an extensive amount of the psychologist's time and energy. Considering that diagnosing individuals with BPD is often not a straightforward process and can occur over a period of time, the proposed films can thus form an opportunity to aid trainees to make earlier and more informed diagnoses (Alexander et al., 2005).

### **1.3 Problem Statement**

University textbooks on psychopathology typically offer students depictions on the vast variety of mental disorders. A growing concern in this regard is that these descriptions and definitions are often portrayed in a detached fashion, not giving insight into relational issues, such as the impact the disorder might have on the individual, family or broader community (Banyard, 2000). Similarly, Lemma (2003), a psychoanalytic psychotherapist, argues that it is difficult, if not impossible, to convey to students through classroom lectures what the implications are to be emotionally or physically dependent on another individual or the desire to identify with someone else. This type of knowledge is crucial to everyone who wishes to have a deeper understanding of the unconscious processes of another person (Lemma, 2003).

## 1.4 Aims and Objectives

The objective of this study is to explore the films *Sylvia* (Owen & Jeffs, 2003) and *Black Butterflies* (Van Gestel & Van der Oest, 2011) as educational tools that can be used to expose clinical psychology interns to the interpersonal dynamics and subtleties – which are often alluded to as kaleidoscopic – of BPD (Ross & Favero, 2002), as displayed by Gwyneth Paltrow and Carice van Houten in their portrayals of Sylvia Plath and Ingrid Jonker respectively. The aim of this study is to explore to what extent the films provide an opportunity to enhance technical readings about BPD with the engaging experience of identifying diagnostic criteria in the personalities portrayed. For clinical psychology interns, exploring the hardships of the female protagonists can be a compelling tool to understand the overwhelming effects personality disorders, specifically BPD, can have on the life of the individual and her interpersonal relationships (Paddock, Terranova & Giles, 2001).

## 1.5 Research Question

How can films aid the understanding of the dynamics of BPD?

## 1.6 Where to from here

Chapter 2 of this dissertation embraces the literature review conducted for this study, presented in five interlinked sections. The first section deals with the diagnostic criteria, nature and dynamics of BPD, and the impact this disorder may have on interpersonal relationships. The chapter then moves on to review the existing literature on the personality structures of Sylvia Plath and Ingrid Jonker and their portrayals in the films *Sylvia* (Owen & Jeffs, 2003) and *Black Butterflies* (Van Gestel & Van der Oest, 2011), respectively. The third section of the literature review presents the theoretical framework of this study, which is rooted in Jung's (1916) understanding of the archetypes and the pre-historic collective unconscious. This section explores the relation between dynamic images (such as film) and archetypal experiences as proposed by Gramaglia et al. (2013). The fourth section discusses

the role of the 21<sup>st</sup>-century mind and the importance of intellectual empathy with specific reference to psychology. Finally, the fifth section of this chapter comprises of a comprehensive literature review on film as an educational tool that can offer a more profound understanding of the dynamics and interpersonal relations of BPD.

Chapter 3 explores the methodology of this study. It is divided into six main parts. The chapter begins with a discussion on the paradigmatic underpinnings of the study and a rationale for choosing to work within the interpretivist paradigm as well as to approach the research question with a qualitative research design. The following section details the purposive sampling method applied to approach and recruit the intern clinical psychologists at the tertiary psychiatric hospital. This section is succeeded by a description of the data collection process that consisted of the use of both open-ended questionnaires and semi-structured interviews. The chapter then describes the method of data analysis, which is interpretive phenomenological analysis (IPA). Also contained in this chapter is a review of the measures that were undertaken to ensure the trustworthiness of the data. Reference is made towards the credibility, transferability, dependability and confirmability of the data collected and analysed. The data in this study was co-coded and co-themed by an independent research consultant. Finally, this chapter concludes with the ethical considerations relevant to this study.

Chapter 4 contains the analytical findings of this IPA study as well as a discussion thereon, while chapter 5 draws the study to a close with an overview of the findings, the contributions of the study and limitations of the research conducted. Based on the findings revealed in this study, recommendations for future research directions are also made.

## Chapter 2: Literature Review

### 2.1 Introduction

This chapter outlines the focus of the current study, which explores the role of the films *Sylvia* (Owen & Jeffs, 2003) and *Black Butterflies* (Van Gestel & Van der Oest, 2011) as playful educational tools that can be used by intern clinical psychologists to enhance their understanding of the dynamics of BPD. Firstly, the diagnostic criteria, aetiology and dynamics of BPD are discussed. Secondly, biographical and historical information on the poets Sylvia Plath and Ingrid Jonker, who are the central protagonists of the two films, is provided. The early childhood developments of both Plath and Jonker are taken into consideration and sources are consulted that indicate that both individuals portray BPD. Thirdly, the lifelong kindergarten approach (Resnick, 2017), the pedagogy of play (Mardell et al., 2016) and the importance of empathy as an essential 21<sup>st</sup>-century skill are described as the starting points of the current study. Next, the theoretical premises of this study, rooted in Jung (1981) and Hillman's (1998) contemplations about the link between archetypes and images, learning and archetypal experiences (Gramaglia et al., 2013), are explained. The focus of the final section of this chapter is a discussion of cinema education as a pedagogy of play tool that can inform, teach and entertain (Georgopoulou, 2015). The concept of cinema education as a form of experiential learning and alternative pedagogy that extends learning beyond classrooms, textbooks and frontal teaching, is reviewed (Bhugra, 2003).

### 2.2 Borderline Personality Disorder

The disorder considered here, BPD, is classified within cluster B personality disorders, which also include narcissistic personality disorder, histrionic personality disorder and antisocial personality disorder. Individuals who are diagnosed with a cluster B personality disorder are typically described as emotional, dramatic and erratic (Sadock, Sadock, & Ruiz, 2015). Sadock et al. (2015), furthermore, state that individuals

presenting with BPD are often in a state of crisis accompanied by regular mood swings. People with BPD can report to have no feelings at all the one moment and are overly argumentative in the next, only to appear severely depressed later. Instead of having full-blown psychotic periods, patients sometimes experience fleeting psychotic episodes (Sadock et al., 2015). As such, patients with BPD are often unpredictable in their behaviour (Sadock et al., 2015).

As a result of feeling both highly hostile and overly dependent, the interpersonal relationships of individuals with BPD are frequently turbulent in nature (Sadock et al., 2015). Individuals with BPD are often associated with being extremely dependent on those with whom they feel connected and, at the same time – especially when frustrated – can lash out in intense anger (Sadock et al., 2015). Sadock et al. (2015), furthermore go on to state that these individuals cannot stand to be alone, as this often results in a frenzied need for companionship, even though their relationships tend to be unsatisfactory.

On a functional level, people with BPD often misconstrue interpersonal relationships and view others as either good or bad (Kernberg, 1975; Sadock et al., 2015). As such, a key defence mechanism employed by individuals with BPD is splitting. Someone will be either a nurturing person taking care of them or, on the contrary, an extremely negative individual depriving them from their basic need for security and threatening them with desertion when they feel most reliant on them (Sadock et al., 2015). Consequently, the perceived “good” individual will be idealised and the perceived “bad” individual will be devalued by the person with BPD (Sadock et al., 2015).

Regrettably, as Gabbard (2005), prominent American psychiatrist and psychoanalyst, points out, BPD is often used as a psychiatric wastebasket as the diagnosis is increasingly both misused and overused. Individuals who present with a slightly unclear symptomology often receive an automatic BPD diagnosis. As such, it is crucial to understand the historical

development of a “borderline condition” in order to authentically understand its meaning (Gabbard, 2005). Initially, in the 1930s and 1940s, psychologists and psychiatrist struggled to describe a certain group of individuals whose condition remained ill-defined. Clinicians sought to describe these “in between” individuals who did not present with severe enough symptoms to be described as schizophrenic but whose well-being also did not improve with traditional treatment (Gabbard, 2005; Grinker, Werble & Drye, 1968; Knight, 1953).

In accordance with Gabbard’s sentiment (2005), Knight (1953) argues that the phrase “borderline state” has achieved only minimal importance in the psychiatric nomenclature. The term could merely refer to an individual who is evidently not well but is not psychotic. Most often, according to Knight (1953), this diagnosis was given to patients who had not yet lost touch with reality. Thus, labelling someone with the term borderline was more about exposing the fact that the diagnostic procedure was rather confusing. It shed little light on the actual condition of the patients (Knight, 1953).

In acknowledging that a borderline condition is distinct from schizophrenia (Grinker et al., 1968; Knight, 1953; Schmideberg, 1959), it could be determined that borderline patients do not have deteriorating conditions, commonly evident in patients with schizophrenia, but are rather “stably unstable.” Kernberg (1967), who is most widely known for his theories on borderline personality organisation, has attempted to characterise borderline patients from a psychoanalytic perspective. Coining the term “borderline personality organization,” Kernberg (1967) sees the borderline patient somewhere between neurosis and psychosis. Importantly, Kernberg (1975), as did Knight (1953), states that these patients typically maintain their capacity for reality testing.

In his work “Borderline conditions and pathological narcissism,” Kernberg (1975) states that the diagnosis “borderline” should only be reserved for those individuals who show enduring signs of characterological organisations that are neither psychotic nor neurotic.

Kernberg (1975) proposes four distinct symptomatic constellations. He calls the first constellation “nonspecific manifestations of ego weakness,” which includes patients who have a lack of anxiety tolerance, a lack of impulse control and difficulties using their conscious to direct their actions and behaviours. The second symptomatic constellation proposed by Kernberg (1975) is a “shift toward primary process thinking.” Here, Kernberg (1975), agreeing with Knight (1953), proposes that these individuals tend to lapse into psychotic-like episodes. However, it is important to note that reality testing typically stays intact. In Kernberg’s (1975) view, primary process thinking may express itself in peculiar verbalisations or primitive fantasies. Thirdly, Kernberg (1975) refers to a borderline constellation he describes as “specific defensive operations at the level of borderline personality organisation.” Here, he writes about the abovementioned (Sadock et al., 2015) phenomenon of splitting. According to Kernberg (1975), the wholesome identification and development of a healthy ego function is the integration and synthesis of childhood and adulthood introjection. Only then can a stable ego be identified. However, patients presenting with borderline symptoms have not been able to integrate their ego. Hence, they often have alternating expressions of inconsistent attitudes or behaviours and a clear denial of such contradictions. Moreover, an unintegrated ego also results in strict categorisations of people as either good or bad. The compartmentalisation of others is also evident in themselves as they have contradictory and inconsistent representations of even their own identity and self (Kernberg, 1975).

Lastly, Kernberg (1975) calls his fourth symptomatic constellation “pathological internalised object relations.” As a consequence of the abovementioned splitting, a person presenting with a borderline personality organisation struggles to authentically understand the internal experience of another person. This difficulty may have dire and significant consequences in interpersonal relationships as it can be extremely troubling for a person

being in a relationship with someone who cannot experience a mixture of negative as well as positive features towards the same person.

Based on Zanarini, Gunderson, and Frankenburg's (1990) descriptive characteristics of the borderline syndrome, Gabbard (2005) argues how all borderline symptoms are somewhat related. Patients with BPD are often obsessive and consumed with developing intense one-to-one relationships with other people where there is little or no threat of abandonment. These relationships are predominantly characterised by a sense of righteousness and entitlement in the borderline person. He or she feels a certain degree of justification, which can be suffocating or draining for the other person and often leads to distancing. In connection with the consuming interpersonal relationships, Gabbard (2005) speaks of a twin anxiety that is triggered in the person with borderline tendencies whenever such close relationships occur. On the one hand, primitive merger fantasies are activated. An anxiety is triggered as they are scared to lose their identity in being so intensely involved with another person. On the other hand, people with borderline have the absolute belief and conviction that they will be abandoned at any given moment.

While Zanarini et al. (1990) focus on descriptive characteristics, Gabbard (2005) emphasises that Kernberg's (1975) understanding of a borderline personality organisation forms a different approach to the actual symptoms that categorise a particular personality disorder. Essentially, Kernberg's (1975) approach of a borderline personality organisation, according to Gabbard (2005), also embraces personality disorders such as narcissistic, antisocial and schizoid (to name a few). The different personality disorders, according to Kernberg (1975), have an underlying borderline personality organisation. In contrast, the American Psychiatric Association (2013) defines the criteria of BPD in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) (5th ed.) as a pervasive pattern of instability of interpersonal relationships, self-image, affects, and marked impulsivity, beginning by early



adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

1. Frantic efforts to avoid real or imagined abandonment. (Note: Do not include suicidal or self-mutilating behavior covered in Criterion 5.)
2. A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation.
3. Identity disturbance: markedly and persistently unstable self-image or sense of self.
4. Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating). (Note: Do not include suicidal or self-mutilating behavior covered in Criterion 5.)
5. Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior.
6. Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days).
7. Chronic feelings of emptiness.
8. Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights).
9. Transient, stress-related paranoid ideation or severe dissociative symptoms.

In order to gain a comprehensive and profound understanding of BPD it is not sufficient to only consider diagnostic criteria or descriptive characteristics. It is just as important to gain perspectives on various psychodynamic theories as well as the aetiology surrounding the personality disorder. In his work *Psychodynamic psychiatry in clinical*

*practice*, Gabbard (2005) outlines early formulations and theories from a psychoanalytic perspective. Mahler, Pine, and Bergman's (1975) developmental scheme has influenced Kernberg's (1975) view on the pathogenesis and aetiology of BPD.

Specifically, based on Mahler et al. (1975), Kernberg (1975) identifies the rapprochement sub-phase of young children as particularly significant as it forms the platform for developmental crisis. The rapprochement sub-phase, which refers to the resumption of harmonious relations, takes place between the first 16 and 24 months of a child's life. In this phase, a child becomes increasingly aware of its mother's presence or absence. The child may be distressed about any possible disappearances of the mother. Taking this developmental scheme presented by Mahler et al. (1975) into consideration, Kernberg (1975) proposes that people with borderline dynamics continuously regress into the rapprochement sub-phase and repeatedly re-encounter the crisis of fearing rejection from the mother. Consequently, many individuals with borderline attributes dislike being alone because they interpret the absence of a person as abandonment.

Similar to Kernberg (1975), Masterson and Rinsley (1975) also use this development scheme. The rapprochement sub-phase plays an essential role in a person's separation-individuation processes. Yet, unlike Kernberg (1975), Masterson and Rinsley (1975) place a more actively involved mother in the centre of the borderline aetiology. Masterson and Rinsley (1975) claim that it is often the case that the mothers of adult borderline patients left a strong impression that a separation from their child meant a simultaneous hostile rejection and immediate withdrawal of love, which in turn, would trigger a rejection-depression in the child.

Adler (1985) slightly disagrees with Masterson and Rinsley's (1975) emphasis on maternal over-involvement. Instead, Adler (1985) argues that the mother's involvement in critical phases of such a child's life was rather insufficient. He states that the inability of a

child to summon up a soothing, nurturing memory or image of a mother is associated with the lack of soothing introjects. Inconsistent or unreliable mothering, according to Adler (1985), or the actual physical absence of a mother is understood to be the underlying reason in developing a borderline personality. The failure to adequately develop a soothing motherly introject often presents itself later in situations where the adult seeks these self-object functions not internally but rather externally in another person (Adler, 1985).

The abovementioned psychodynamic aetiological theories by Kernberg (1975), Masterson and Rinsley (1975) and Adler (1985) have been critiqued by empirical research (Gabbard, 2005). Zanarini and Frankenburg (1997) rather suggest the following three conclusions about parental involvement in the aetiology of a borderline personality structure. Firstly, the mother figure is typically interpreted as uninvolved, distant or conflictual. Secondly, with regards to the family of origin, the absence of a father figure is even more important in the development of a borderline structure than the absence of the mother figure. Thirdly, a combination of a conflictual maternal and conflictual paternal relationship is more detrimental than either mother or father alone (Zanarini & Frankenburg, as cited in Gabbard, 2005). Based on these empirical research findings, Gabbard (2005) argues that neglect and abandonment form more noteworthy developmental aspects than motherly over-involvement as suggested by Adler (1985).

Further discriminating aetiological factors that distinguish BPD from other personality disorders are distressing separations from parental figures or even losses in early childhood (Zanarini & Frankenburg, 1997). Early childhood trauma, maltreatment and abuse, particularly sexual abuse, also form crucial risk factors in the development of a borderline personality. Having a traumatic childhood, with specific reference to sexual abuse and neglect, can have negative, often detrimental, consequences for attachment patterns and interpersonal relationships later in life (Gabbard, 2005). In 2004, Bateman and Fonagy (as

cited in Gabbard, 2005) promoted a model that focuses on mentalisation as well as attachment theory. While Ainsworth and Bowlby's (1991) attachment theory, which forms one of the most empirically grounded theories relating to parenting (Benoit, 2004), categorises four distinct styles of child-caregiver relationships – secure/autonomous, insecure/dismissing, preoccupied and unresolved/disorganised (Gabbard, 2005) – Bateman and Fonagy's (2004) mentalisation-focused model on attachment specifically targets the inability of many patients with borderline dynamics to mentalise and understand that the perception they have of themselves or others is not absolute. In other words, people with borderline dynamics typically struggle to understand mental states as subjective and flexible instead of infallible and fixed.

This difficulty to subjectively mentalise is crucial to attachment theory for the following reasons. Mentalisation, according to Gabbard (2005), is developed in early childhood. In a secure/autonomous parent-child relationship, the parent will familiarise the child with specific mental states and give it a sense of autonomy. By doing so, the child can develop intact internal working models. In other words, an individual who has created secure and autonomous introjects in early childhood will typically be able to habitually and without conscious effort understand what another person is feeling by internalising their facial expressions (Gabbard, 2005).

Empirical studies, including research conducted by Patrick, Hobson, Castle, Howard, and Maughan (1994), have linked the development of a borderline personality to both unresolved/disorganised and preoccupied parent-child attachment styles. While a securely attached mother or father will pass on or convey their ability to mentalise to their child, an insecure parent-child relationship (such as unresolved/disorganised and preoccupied) can result in the child struggling to mentalise his/her own or others' mental states (Gabbard, 2005). Interestingly, another discriminating factor that distinguishes BPD from other

personality disorders is unresolved childhood trauma. It is often the case that a child who has had to deal with trauma tends to defensively withdraw from a mental perspective (Fonagy, 2001). Consequently, some individuals with BPD who have experienced abuse in their childhood engage in unhealthy coping mechanisms that do not include a reflection of what their caregiver might have thought (i.e. state of mind). In fact, trying to mentalise the caregiver's state of mind is often completely avoided, which can then lead to a failure to resolve the trauma (Gabbard, 2005).

Moreover, at the age of three, according to Fonagy (2001), a child predominantly understands reality from a psychic equivalence mode, which is a non-mentalisation mode. It is not what the child perceives to be true but rather how the child holds this perception that is important (Fonagy & Target, 1996). In a non-mentalisation mode, the child believes that his/her idea or perception of his/her surrounding is the only reality. As the child becomes older (approximately four to five years old), he/she gradually starts to combine pretend-thinking with his/her psychic equivalence mode. At five to six years of age, the child takes this a step further by comprehending that external and subjective forces can shape one's perception of the world. Chronologically, this is the time when children start to engage in play. They can playfully learn to live in a fictitious world of make-believe or pretend to be someone they are not (Gabbard, 2005). Interestingly, individuals with BPD typically struggle with this exact process: fluidly altering between the psychic equivalence mode and pretend-thinking.

In a caregiver-child relationship, the child will naturally look for responses and attempt to see themselves from their mother's point of view. The mother or father will typically mirror how he or she interprets the child. Fonagy and Target (2000) reason that the inability of the parents to convey this reflection to the child can result in a scenario where the child has a self-structure that is influenced by the introjection of a frightened mother or

father. Consequently, the child's self-perception holds an "alien" representation from the caregiver. BPD is frequently associated with individuals having relationships in which they feel victimised and view their partners as oppressing. An explanation for these relationship patterns may lie in the fact that the individual grew up with a need to externalise and "hand over" this abovementioned "alien" self-representation to another person so someone else can deal with the negativities of distressing elements (Gabbard, 2005). To understand how these borderline dynamics play out, the current study utilises film.

### **2.3 *Sylvia* (Owen & Jeffs, 2003)**

The British film *Sylvia* (Owen & Jeffs, 2003) is a biographical drama sketching the life of the renowned and influential American poet and novelist Sylvia Plath (1932-1963) (Internet Movie Database, 2016). Starring Gwyneth Paltrow as Sylvia Plath and Daniel Craig as the equally famous and influential poet Ted Hughes, the film centres on their troublesome marriage, her struggle with standing in her husband's professional shadow and her increasingly problematic mental illness resulting in her suicide in 1963. It gives the viewer a portrait of Plath's life from her initial meeting with Hughes to her death at age 30. The film tells the story of their marriage, their journey of teaching together in America, their return to England and the birth of Frieda and Nicholas, their two children. It portrays the romance and passion of the beginnings of the relationship and its development into suspicion, jealousy, mistrust, betrayal and separation (Gerisch, 1989). The film depicts the downward spiral of an ambitious woman, continuously striving to be successful in her creative work as a poet, yet burdened by the restrictive options, which led to her suicide (Appignanesi, 2008; Gerisch, 1989).

To understand the underlying torments of the poet more comprehensively and to contextualise the film, a brief biographical sketch of Sylvia Plath will be provided. Sylvia

was born to Aurelia and Otto Plath in Boston, in America, in 1932. When she was only eight years old, Sylvia's father died of ill-treated diabetes. In 1953, she worked as a guest editor of *Mademoiselle* in New York. Two months later she attempted suicide by overdosing on sleeping pills in her family home and she began psychotherapy with psychiatrist Ruth Beuscher.

In 1955 she graduated from Smith College *summa cum laude* where she also met and married Ted Hughes. Two years later she graduated from the University of Cambridge with a Master's degree. In 1958 she returned to America and continued with her psychotherapy. In 1961 her daughter Frieda Rebecca was born, followed by the birth of her son Nicholas Farrar one year later. Soon after the birth of their second child, Sylvia and Ted separated after Sylvia discovered Ted's affair with Assia Wevill, the wife of poet David Wevill. Within the span of four months, from September to December 1962, Sylvia wrote forty poems. In 1963, *The Bell Jar* was published under the pseudonym Victoria Lucas. In the same year, Sylvia committed suicide (Gerisch, 1989).

Along with her recurring abandonment issues not only caused by the early death of her father but also induced by her husband's infidelity, Sylvia has often been described as having been trapped in a psychic confusion from which she was unable to liberate herself (Feirstein, 2016). Christopher Bollas, one of the leading figures in contemporary psychoanalytic theory (Scalia, 2002), refers to Sylvia as having had BPD.

Appignanesi (2008), who has published a historical account of women and mental illnesses from the 19<sup>th</sup> century to the present, describes Sylvia Plath's life as having iconic status. The well-known circumstances and conditions surrounding Plath's case may partly be attributed to her work *The bell jar* (1963), which she published only months before her suicide (Appignanesi, 2008). *The bell jar* (1963) has autobiographical traits as it depicts a fictional narrative of Plath's personal breakdown, attempted suicide, electroconvulsive

therapy and “resurgence” in 1953 (Appignanesi, 2008; Malcolm, 2012). Malcolm (2012), Plath’s biographer who specifically examined her interpersonal relationships with friends and family, states that Plath chronicles her life as Esther Greenwood and not only focuses on her severe mental illness but also, and perhaps more importantly, the aetiology thereof. Her unresolved issues with male figures, especially her father, as well as her complicated relationship with her mother are sketched throughout *The Bell Jar* (1963).

#### **2.4 *Black Butterflies* (Van Gestel & Van der Oest, 2011)**

The film *Black Butterflies* (Van Gestel & Van der Oest, 2011) is set in the turbulent 1960’s apartheid Cape Town, South Africa and focuses on the life of one of the most cherished South African poets, Ingrid Jonker (Van Gestel & Van der Oest, 2011). Jonker’s brilliant poetry is often viewed as portraying her unstable mental and emotional state that ultimately lead to her untimely death by suicide in 1965 (Van Gestel & Van der Oest, 2011). Among others, the Afrikaans poet, academic and psychoanalytic theorist Hambidge (2008) notes that Jonker has made a lasting impression on countless national and international readers. Through the years, she had attained an almost god-like status in Afrikaans literature after Mandela had read her poem “Die kind” in his inaugural address to parliament (Hambidge, 2008; Van Woerden & Van Schaik, 2001).

In 2007, Afrikaans poets André Brink and Antjie Krog translated a collection of Jonker’s poems in *Black Butterflies: Selected Poems – Ingrid Jonker* (Brink & Krog, 2007). The publication holds a particularly sensitive and revealing introduction composed by Brink. Here, Brink writes about their turbulent relationship in their youth. Their relationship was riddled with turmoil and distress, yet it led to some of the most creative output in Afrikaans literature. Nonetheless, the personal grief – Brink’s in particular – has never been completely reckoned (Hambidge, 2008).



Furthermore, Brink (2007) provides a window into Jonker's relationships with Jack Cope, Uys Krige and others. He writes of the abortion that troubled her for the rest of her life, specifically when interpreted in the context of her lifelong feelings of abandonment and rejection (Hambidge, 2008). Brink's (2007) lengthy introduction provides the reader with a biography combined with his personal recollections. In his writing, the troubled mind of Jonker is given a new airing (Hambidge, 2008). Brink (2007) mentions her obsession with mirrors as well as her understanding of her writing as a form of reconfirmation. Based on Brink's (2007) essay about Jonker, Hambidge (2008) writes about Jonker as a "borderline disorder personality type." Brink (2007) states that *Black Butterflies* suggests something of the reality in which Jonker lived. It was a world filled with mirrors and the sea, of lovers and language.

Ingrid was the daughter of Abraham Jonker, a right-wing writer, politician, leading member of the National Party and chairperson of the parliamentary committee responsible for the apartheid system of censorship. Before Ingrid's birth, Abraham left her mother, Beatrice Cilliers, and Ingrid was raised away from his influence (Van Woerden & Van Schaik, 2001). When Ingrid was ten, Beatrice's descent into depression resulted in her suicide, leaving Ingrid to live with her grandmother and her older sister, Anna.

A documentary about Jonker's life titled *Korreltjie Niks is My Dood: Een Verdicht Leven – Ingrid Jonker (1933-1965)* was produced in the Netherlands in 2001 (Van Woerden & Van Schaik, 2001). The documentary is also known under its English title, *A Mere Grain of Nothing my Death: A Life in Poetry – Ingrid Jonker (1933-1965)*. It was awarded the Silver Rose at the Montreux Festival in 2002.

In this documentary, Cathy Bairos, daughter of Anna Jonker, speaks of the time when the two sisters lived with their maternal grandmother on a farm near Cape Town (Van Woerden & Van Schaik, 2001). Bairos (Van Woerden & Van Schaik, 2001) describes the

grandmother as a woman who was strong in her faith. During this time, Ingrid was fascinated with the biblical texts and wrote poems that she would share and sing with the fishermen of Gordon's Bay. Jonker's childhood with her grandmother and sister was filled with "innocence and freedom" (Van Woerden, & Van Schaik, 2001). Bairos (Van Woerden, & Van Schaik, 2001) further characterises the time spent at the grandmother as well as the transition to their father's home as follows:

The grandmother who allowed everything. She just allowed everything that felt like it was real or it had integrity. These girls hardly ever went to school. They used to go down to the bushes and have tea parties and read Shakespeare. And, they were allowed. So, of course when they went to Abraham's house it was "up at seven o'clock, sit at the table." And, there was no intimacy. (Van Woerden, & Van Schaik, 2001)

When Jonker was 12, her grandmother passed away. The aspiring poet thus experienced two fundamental losses at an early age – the loss of her mother and her grandmother (Van Woerden & Van Schaik, 2001). She and her sister Anna were reclaimed by their father who had initially rejected them when they were young. Both Ingrid and Anna moved away from the coast and Ingrid was forced to bid her youthful life as she knew it farewell as her "barefoot days were over" (Van Woerden, & Van Schaik, 2001). Sylvia Van Schaik, the director of the documentary (Van Woerden, & Van Schaik, 2001), speaks of Abraham Jonker as a conservative, right-wing Afrikaans man, who devoted most of his time to making a name for himself in apartheid political circles. Abraham tried to find his place in the National Party under Verwoerd, who is often referred to as the "Architect of Apartheid" (Coombes, 2003). As such, his time was dedicated to his career in South African politics,

rather than to Anna and Ingrid, who were treated like outsiders. This poor relationship resulted a lifelong chasm between Ingrid and her father.

In search of a father figure, Ingrid married Piet Venter, who was significantly older than her, in 1956. They had a child together, Simone, yet their marriage did not last long. The time she spent in Johannesburg away from the familiar Cape Town aggravated her unhappiness. Upon her return to Cape Town (in 1960), Jonker started a relationship with fellow Afrikaans poet Jack Cope. It was also during this period when she begun a relationship with André Brink. In his essay, Brink (2007) recollects that “Ingrid had become a fever in the blood.” In 1963, Jonker won the literary prize for her collection *Rook en Oker (Smoke and Ochre)*. Upon the release of *Rook en Oker* (1963), the literary public placed Jonker among the foremost poets in Afrikaans literature. She decided to use the money to explore Europe. Meeting Brink halfway, her journey ended in disaster when she was admitted to a psychiatric institution in Paris and returned to Cape Town shortly afterwards. In July 1965 she committed suicide by walking into the ocean (Van Woerden, & Van Schaik, 2001).

Van Woerden and Van Schaik’s (2011) documentary *A Mere Grain of Nothing My Death: A Life in Poetry – Ingrid Jonker (1933-1965)* holds valuable and insightful information about the personality, temperament and relational dynamics and intricacies of the poet. Ingrid was an active member of *Die Sestigers*, a South African group of anti-institutional and anti-establishment poets and writers that also included, among others, Brink, Breytenbach, Rabie and Cope. She felt at home in this *avant-garde* community that shared a mutual artistic purpose. *Die Sestigers* offered Ingrid a world that was diametrically opposed to the world of her father and his identification with apartheid’s nationalist politics and systems of racial oppression. Instead of requiring typical political engagement, the political rebellion of this *avant-garde* group was of an aesthetic and vocational rebellion. It is perhaps

these individuals who knew Jonker best and who can paint a picture of the complexities of her personality.

Breyten Breytenbach (Van Woerden, & Van Schaik, 2001), renowned South African writer, poet and artist, describes Jonker as having been young and beautiful. He mentions that one had an urge to protect her not only from other people but, perhaps more importantly, from herself. She was defenceless, Breytenbach remembers, almost like a young Marilyn Monroe. Ingrid was someone you could hurt easily. At the same time, she was defiant and stubborn in her opinions and demeanour.

Breytenbach (Van Woerden, & Van Schaik, 2001) depicts the time in which Jonker lived in Cape Town as one of “moral schizophrenia.” South African artist and writer, Peter Clarke, similarly describes this time as one of “political madness” or living in an era of political plague (Van Woerden, & Van Schaik, 2001). Thus, while Jonker and the other members of *Die Sestigers* lead a hedonistic lifestyle at Clifton Beach, she knew that the oppressive apartheid regime was taking its toll on the nearby Cape Flats. The awareness of her own helplessness in the political turmoil had a large emotional impact.

Breytenbach also touches on Jonker’s time in Europe where he found her to be exceptionally unhappy. The destructive “love triangle” tensions between Brink, Cope and Jonker caused her to fall into a depression and it was her own wish to be admitted to Sainte-Anne’s psychiatric institution in France. Breytenbach (Van Woerden, & Van Schaik, 2001) describes Jonker as becoming weaker as she sensed that life had become insufferable and banal. According to Breytenbach, her suicide was expected as she had attempted it many times before.

The documentary (Van Woerden, & Van Schaik, 2001) also shows how Brink characterises his time in Cape Town when he visited Rabie (fellow South African writer and novelist) in March/April 1963, just two years before Jonker’s suicide. Brink illustrates how

he felt the electricity in the air. He depicts Jonker to have had a rebellious personality, always opposing others' opinions. He chronicles how Cope and Jonker were forever in disagreement about ideas. This fire and drive he found in Jonker's temperament were something that made a lasting impression on him. Brink also describes the relationship Jonker had with her father to be antithetical and disagreeable in nature. Abraham Jonker opposed the *avant-garde* group with its ideals and worldviews, which resulted in a more dramatic and intense polarisation between Jonker and her father. In contrast, *Die Sestigers* formed a home for Jonker where she felt accepted for the first time. It symbolised a place for her to express herself. As such, Abraham Jonker's open opposition to the group meant a breaking point between Ingrid and her father (Van Woerden, & Van Schaik, 2001).

Brink (Van Woerden, & Van Schaik, 2001) recounts further facets of Ingrid's personality. He portrays her as vigorously passionate, both in political as well as personal matters. It was all or nothing. Jonker could not be bothered with small, trivial or ordinary things. As such, she was particularly emotional. Brink shares that they dated for two years but adds that this period included several break-ups. He chronicles how their relationship was both "heaven" and "hell." The hellish elements were truly abhorrent. He recounts situations where Jonker ran out of their house threatening him with her own suicide. Once she jumped in front of a car only to have a stranger bring her back to safety (Van Woerden, & Van Schaik, 2001).

At other times, she could also be peaceful and serene. Brink (Van Woerden, & Van Schaik, 2001) remembers her personality as being shaped by an inconceivable complexity of different facets enclosed in one body. Krog, South African writer and poet, agrees with Brink's description of an antithetical personality structure, describing her as playful and naïve at times and a critical, fierce and passionate political head at others.

However infatuated Brink was with Jonker, he did not want to leave his wife for her, and Cope could not commit himself to her – both instances were seen as further forms of rejection for Ingrid. In 1964, When Jonker won the prestigious *Afrikaanse Pers-Boekhandel* Prize for *Rook en Oker*, she utilised the prize-money to travel to Europe. Here, Simone Venter, her daughter, expressed how sad she was about her mother leaving. Brink agreed to join her but soon noticed that the journey would end in disaster. Jonker had an urge to spoil herself, sleeping at the most expensive hotels and eating at the best restaurants even though the money she had was limited.

Yet the dreams and illusions she held of Europe could not last. Cope and Jonker exchanged letters during this time, but soon it was apparent that she could not continue with the destructive reality of being involved with two men simultaneously. After a dramatic confrontation and fight with Brink, Jonker travelled to Paris where she met Breytenbach and was admitted to the psychiatric institution (Van Woerden, & Van Schaik, 2001). When Jonker returned to South Africa, Simone Venter realised that “things had changed.” There was nothing her daughter could do to make her mother happy again.

Michael Cope, the son of the late Jack Cope, expresses his lasting impressions of Jonker, which are meaningful when attempting to understand her character (Van Woerden, & Van Schaik, 2001). The essential aspect that he remembers about Jonker’s presence in his life was that it brought chaos. Whenever Ingrid was around, everything fell apart. He depicts her as being an unfocused, scattered person, always arriving like a storm, bringing chaos into their lives. Interestingly, he mentions that Jonker also always exited in a storm again. This is a strong impression that he has from that time. He further recounts that he remembers her to be “sexy” and good-looking, reminding him of someone in a *James Bond* film. Michael Cope describes his father to have politicised her to some extent. He states that both identified as “lefties.” Together with the other members of *Die Sestigers*, they shared many intense

intellectual conversations. Michael Cope believes that his father was her true love as well as a father figure.

## **2.5 Lifelong Kindergarten and the 21<sup>st</sup>-century Mind – Why Films can Enhance Intellectual Empathy**

In the previous sections of Chapter 2, the intricacies and diagnostic criteria of BPD and the implications for relational dynamics are reviewed and the biographical and interpersonal dynamics of both Sylvia Plath and Ingrid Jonker are described in terms of this disorder. The following section delves into the theory of lifelong kindergarten (Resnick, 2007) and a pedagogy of play (Mardell et al., 2016). This section presents an approach that views the incorporation of narrative, feature films such as *Sylvia* (Owen & Jeffs, 2003) and *Black Butterflies* (Van Gestel & Van der Oest, 2011) as playful learning tools that not only convey the complexities of BPD but also to teach important 21<sup>st</sup>-century learning skills such as empathy and feeling what another is feeling.

Resnick (2007), professor of learning and research at the MIT Media Lab, argues that individuals of all ages should approach learning just like children in kindergarten. This approach to learning that mimics children's learning style in kindergarten places great emphasis on the smooth transitions of imagining, creating, playing, sharing, reflecting and, ultimately, a return to imagining. This creative learning spiral, coined by Resnick (2007), forms an ideal thinking process and method to aid learners of all ages to develop and improve essential 21<sup>st</sup>-century skills that are crucial for succeeding in society. Based on the principles that were developed in traditional kindergartens, approaches, materials and activities can be developed to extend this kindergarten-style of learning to learners of all ages, aiding them to develop as creative thinkers (Resnick, 2007). The current study proposes that the appropriate

use of film paired with reflective activities can potentially form a way of extending the kindergarten-style of learning to tertiary education settings.

Mardell et al. (2016) agree with Resnick (2007) in stating that a classic kindergarten approach to learning and exploring difficult concepts is key in preparing students for the demands of the 21<sup>st</sup> century. Trilling and Fadel (2009), of the Partnership for 21<sup>st</sup>-Century Skills (P21), describe a 21<sup>st</sup>-century framework that encompasses all the knowledge, skills and expertise that students need to master in order to be successful in their workplace as well as in life. P21's framework for 21<sup>st</sup>-century learning was created with the aid of education experts, teachers and business leaders in order to explore and present the knowledge and skill set that learners need to acquire in order to succeed in life and citizenship (Trilling & Fadel, 2009). Learning for the life of our times forms the approach of this framework, which highlights the importance of communication, collaboration, critical thinking, problem solving, creativity and innovation (Pink, 2006; Trilling & Fadel, 2009). Accompanying these core skills, Trilling and Fadel (2009) add the importance of 21<sup>st</sup>-century behaviours, morals and values such as courage, confidence and, most importantly, caring. Similarly, Pink (2006), with reference to the aspect of caring states that the ability to empathise with fellow human beings and to be confident in one's judgements and academic skills are more important than ever.

Resnick (2007) iterates this point when describing today's society as being shaped by rapid change and uncertainty. The skills of thinking creatively and solving problems communally are of primary importance when wanting to succeed both personally and professionally (Resnick, 2007). For learners of all ages, little is as essential as being creative – learning to be innovative and tinkering around with solutions without the constant anxiety of being wrong. Merely learning facts out of a textbook no longer suffices in attempting to gain an in-depth understanding of a concept. Unfortunately, as Resnick (2007) states, most



schools and universities are out of sync when it comes to conveying these kind of critical thinking skills. Most schools and universities do not employ a kindergarten approach to learning, which is an ideal method of equipping learners with skills to function in the current society. This playful learning approach should be extended to learners across ages (Resnick, 2007).

To understand what Resnick (2007) means by a kindergarten approach to learning or, as he puts it, lifelong kindergarten, and how it can be linked to films as an educational tool, it is imperative to first gain an understanding of the approach itself. Traditional kindergartens, (based on the approach of pioneer Friedrich Fröbel, who opened the first kindergarten in 1837) allowed learners to continuously create, experiment and explore. Resnick (2007) explains this process by giving a descriptive example. Two learners might begin by playing with wooden building blocks. As time passes by, they start to construct a couple of towers. Their peer walks by and observes this activity of building towers. Inspired, he attempts to “drive” his toy car between the buildings. However, the boys soon notice that the tower formations stand too close together. In a tinkering-around process, the learners begin to carefully manoeuvre the two towers wider apart in order to provide space for the toy car to pass. Then, something unexpected or unwanted happens – the towers collapse. The children are temporarily annoyed and briefly engage in a discussion to figure out who is to blame for this unsteady structure. After a while, the conversation turns into an argument how to build the tower in a more stable fashion next time. The teacher walks by and brings a book along. The book bears illustrations of real-life skyscrapers and towers. Together they become aware that the lower parts of high buildings are always wider than the top parts. Finally, the learners decide to start again and arrange their building blocks in such a fashion that the base is wider than in their first attempt (Resnick, 2007).

The above example illustrates a typical playful learning process found in a traditional kindergarten. This kindergarten approach to learning may be applied to learners of all ages. In traditional kindergartens, the learning process is iterative. With that in mind, the creations (stories, songs, pictures) can vary, as can the materials used to create (pens, instruments, and paintbrushes). Nonetheless, the learning process remains the same.

Resnick (2007) refers to this approach as a creative learning spiral. Here, the children imagine what they would want to engage in, they create an activity which interests them and they then play with their structures or other creations. Thereafter, the learners socially engage with their peers and share their activities and ideas with them. For instance, in our previous example, after a first attempt of building the towers, the children actively reflect on their creation. Such reflection leads them to try again and imagine how to build a stronger tower the next time around (Resnick, 2007).

This iterative process enables kindergarten learners to enhance and refine their skills as critical thinkers. The children learn to develop and be confident in their own ideas, tinker around, try things out, test the boundaries, explore alternative ideas, produce unique thoughts based on prior attempts and, perhaps most significantly, they can share their ideas and receive input from their peers. According to Resnick (2007), imagining, creating, playing, sharing and reflecting are the core elements of meaningful and enjoyable learning not only in a kindergarten environment but across all ages.

To illustrate how this playful learning approach is a significant topic not only in kindergartens but also in primary schools, high schools and at university level, the reform at Tsinghua University in China will serve as an example. Tsinghua University is a leading university in Asia and is often referred to as the “MIT of China.” In 2013, Chen Jining, president of the university and current mayor of Beijing, was ordered to travel to the LEGO Group, pioneers of the playful learning research, in Denmark to acquire new methods and

approaches to teaching and learning. The Chinese government had nominated the university to lead a countrywide initiative on a wide-ranging university reform. The government acknowledged that the Chinese educational structure faced serious challenges – particularly at university level. In essence, the Chinese education system was not adequately preparing students to meet the needs of the evolving society (Resnick, 2017).

Interestingly, the concern was not regarding the students' grade marks or examination scores. According to conventional measures, Chinese university students were performing exceptionally well. Most the students at Tsinghua University had received outstanding marks from primary school through to high school and were continuing to receive distinctions at Tsinghua. However, as the Chinese government had recognised, merely receiving outstanding marks was not good enough anymore for today's society. Regardless of the examination scores, the university students were not prepared for the spirit of the 21<sup>st</sup> century, which requires individuals to be innovative and creative (Resnick, 2017).

The 21<sup>st</sup> century calls for a new type of student who is eager to engage in risks and try out new approaches to learning. The university needed to develop students who are willing to outline their own problems rather than merely solving the predetermined ones found in textbooks. Tsinghua University, the leading university in China, made it their most important priority to produce students who have innovative ideas and explore new directions in China's society. To approach this transformative mission in tertiary education, the Chinese government turned to the LEGO Foundation, who were exploring how best to develop critical thinkers who tinker around with new ideas in a playful manner (Resnick, 2017).

While the argument above is primarily focused on university students in China, it is also true that the education systems are similar globally. Most schools and universities are fixated on training students to execute instructions or follow rules rather than aiding them to explore their own ideas and strategies. The approaches of most education systems globally

have not been reformed over the last 100 years. According to Resnick (2017), the requirement to change is only being recognised around the world now. Pink (2006) argues that most educational systems still follow approaches that are rooted in frameworks of the industrial and information ages. However, almost 20 years into the 21<sup>st</sup> century, we have now entered the conceptual age of creators and empathisers (Pink, 2006). Moreover, to some extent, the economy is the motivating force behind the need for a radical education reform. Many professions, including clinical psychology, are transforming and individuals are forced to continually adapt to a persistent flow of new information, alternative communication channels and new technologies (Davidson, 2001).

For individuals to flourish in this this ever-changing working environment, the ability to act and think creatively is more significant than ever (Davidson, 2001). In the conceptual age of creators and empathisers, flexible thinking is not only needed in the workplace, but in all aspects of an individual's life. People are continuously challenged with unforeseen situations. Individuals need to be able to deal creatively with uncertainty and change in any context (Resnick, 2017). Developing and sustaining meaningful friendships or other interpersonal connections (such as a psychotherapist-patient relationship) in a time of ever-changing social networks is an example that shows that importance of this 21<sup>st</sup>-century skill. Significant involvement and participation in communities with ever-shifting boundaries and needs serves as a further example.

In this study, to answer the question of how films can aid the understanding of the dynamics of BPD, the two films *Sylvia* (Owen & Jeffs, 2003) and *Black Butterflies* (Van Gestel & Van der Oest, 2011) are viewed as playful educational initiatives. Intellectual empathy and the ability to feel what another person is feeling are important 21<sup>st</sup>-century skills, particularly in the psychology profession (Pink, 2006). Moreover, South African clinical psychologists-in-training are exposed to patients in their internship year on a

daily basis. Yet, the nature of the profession means there is a pressurised space in which trainees are expected to gain confidence – not only with the challenging processes of diagnosis but also to gain a deeper understanding of intellectual empathy and the interpersonal implications of certain psychopathologies. Intern clinical psychologists have little scope to practice the difficulties of diagnosing as textbook contents studied in universities do not adequately convey the necessary skills of empathising or truly understanding what it is like to be another person.

In line with the lifelong kindergarten approach to learning, this study explores the role of film as a playful educational tool that intern clinical psychologists can use to learn essential 21<sup>st</sup>-century skills. The freedom to learn from trial and error, pretending and imagining, tinkering with ideas or strategising are all playful learning elements (Mardell et al., 2016) that should not be implemented when dealing with real-life patients. However, having the opportunity to discuss and debate characters from a film without the worry of the drastic consequences of misdiagnosing gives trainees a chance to become more confident in these skills. Indeed, an analysis of the existing international literature has revealed a well-documented incorporation of film as an educational tool for psychology students as well as other students in social sciences or medical trainees. The rationale for the need of popular film in education has been demonstrated (Alexander et al., 2005). Moreover, there is increasing confirmation that this is a powerful approach to teaching.

Yet the question of what is meant by a playful approach to education that is ideally suited to the needs of the 21<sup>st</sup> century – and not just for five-year-olds, but for learners of all ages – remains. In our previous example, as children were developing towers with the building blocks, they gained a better understanding of structures and stability. Here, the children engaged in a creative learning process known as the creative learning spiral (Resnick, 2017). This process of tinkering around with ideas helps develop and refine critical

thinking skills. The children learn to think of their own ideas, test the ideas out, play around with the boundaries, investigate alternatives, receive feedback from their peers and, perhaps most importantly, develop unique theories with their peers based on their experiences (Resnick, 2007). In practice, these phases of the learning cycle are not as consecutive and distinctive as illustrated in **Diagram 2.1**. Imagining, creating, playing, sharing and reflecting naturally occur in a more intermingled fashion. Yet the core features are always present in one way or another. In the building blocks example, the creative learning spiral could be described as follows:

*Imagine:* Two children are imagining towers, bridges or a city.

*Create:* It is not sufficient for them to merely imagine them. The children turn their imaginings into actions. They create the towers.

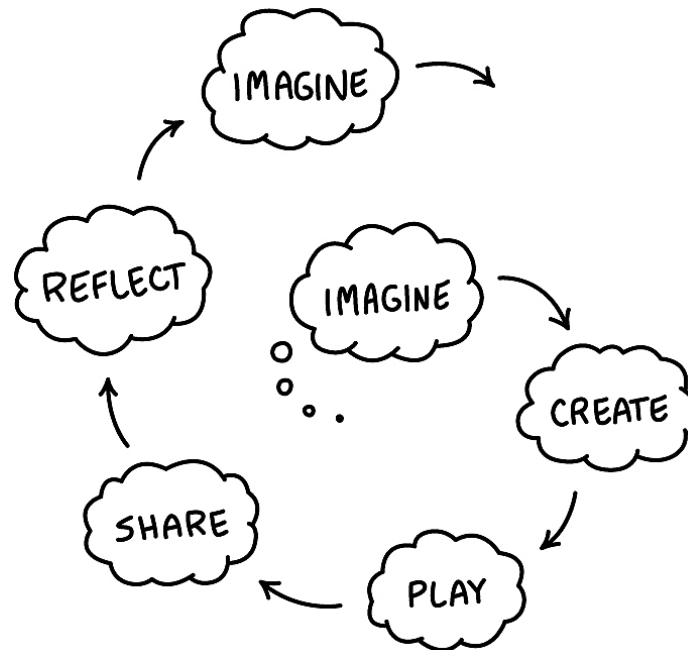
*Play:* Another child starts pushing a toy car between two towers. They notice that the towers are standing too close together. The children are constantly tinkering and experimenting with their creations, pushing the towers further apart.

*Share:* The initial two children allow the third child to push his toy car between the towers. They start collaborating and sharing ideas.

*Reflect:* In the process of moving the towers further apart, one of the towers collapses. At first, the children engage in a discussion as to whose fault this was. Then, they reflect together on how to make the towers more stable the next time around. The teacher shows them a book with real-life towers and they realise that the bottom part of the towers are always wider than the top parts.

*Imagine:* The children re-build the tower. This time, the base is wider and there is enough space for cars to drive through between them (Resnick, 2007).

**Diagram 2.1 The Kindergarten Approach to Learning: Creative Learning Spiral (Resnick, 2017)**



As the kindergarten approach to learning should be implemented across all ages (Mardell et al., 2016; Resnick, 2007), incorporating films into the psychopathology curriculum at university level can aid the understanding of the dynamics and subtleties of BPD. Play-based learning encourages students to communicate ideas with peers and develop solutions to solve problems. Students have a chance to collaborate with others, understand different points of views and make sense of unfamiliar situations. Films offer healthcare professionals the opportunity to engage in dilemmas that are typically difficult to deal with or understand in real-life situations (Kalra, 2012). Films can provide clinical psychologists-in-training a platform to tinker around and reflect on specific diagnostic criteria and personality dynamics within a safe space as it all occurs in a virtual reality.

Likewise, as Izod (2000) states, through films as an educational tool, clinical psychologists-in-training are given the opportunity to explore the role and importance of emotions. Emotions have the potential to disrupt the equilibrium of the psyche when

individuals are viewing films. However, the feelings that are evoked by a film are tied to a virtual reality and hence create a safe environment for the viewers. In this safe environment, the individuals are given an opportunity to deepen their self-awareness and gain a more profound understanding of a certain topic (Izod, 2000; Powell, Newgent & Lee, 2006).

Based on the above, films offer a safe and playful learning environment for two reasons. Firstly, the clinical psychologists-in-training can explore their emotions with the assurance that the feelings that are evoked are linked to a virtual reality (Izod, 2000; Powell et al., 2006). The viewers take part in archetypal learning and can probe into their own shadow (discussed in **section 2.6 Theoretical Premises: Beyond Images**). Secondly, by means of the films as educational tools, the clinical psychologists-in-training are in a safe space to experiment with wild ideas, take risks, make mistakes and test boundaries. All these are essential elements of playful learning (Resnick, 2017).

The term playful learning is, however, often misunderstood. Play is frequently associated with fun and laughter, “having a good time” or being silly or off-task (Mardell et al., 2016; Resnick, 2017). Although playful leaning often encompasses all these elements, associations such as the above miss the core ingredients of a kindergarten approach to learning and why it is so essential for creativity. Indeed, creativity does not originate from laughter and fun: it comes from taking risks, making mistakes, tinkering around and experimenting (Resnick, 2017). As such, finding a suitable definition of playful learning has long been a topic of debate among researchers (Barnett & Owens, 2015; Eberle, 2014; Hirsch-Pasek, Golinkoff, Berk, & Singer, 2009; Sutton-Smith, 1997).

Moreover, depending on the specific situation, the terms “play” and “playfulness” can have different associations and implications. Mardell et al. (2016) and Resnick (2017) suggest that the word play alone can invoke a diversity of feelings and behaviours, i.e. to play an instrument, to play with a fish on the line or to play a sport. It is possible for play to occur



swiftly, such as when individuals play with words, or over a longer period of time, for instance in dramatic play (Mardell et al., 2016). This poly-semantic nature of the word play is what Sutton-Smith (1997) refers to as “the ambiguity of play.”

Although this ambiguity around the meaning of the term exists, it is equally true that play forms an essential part in human life (Mardell et al., 2016). It may be praised, disregarded or even inhibited, yet, even under severely dire circumstances, play will be present (Eisen, 1988). Resnick (2017) supports this argument made by Eisen (1988) by giving an example of Anne Frank, a young girl who together with her family had to hide in a private extension of a house to stay safe from the Nazi persecution of Jews during the Second World War. Even during this time of hardship and suffering, Anne did not lose her “playfulness” and creativity. The girl wished to dance ballet but knew that she did not have the appropriate shoes. Anne then restructured her training shoes into ballet slippers, which demonstrates a playful learning process. Despite living in such dire circumstances and confined spaces, Anne continuously took risks in her thinking, tried new things, tinkered around and experimented with ideas. According to Resnick (2017), these are the fundamental elements of playful learning. Similarly, Schechner (1988) explains:

[I]t's wrong to think of play as the interruption of ordinary life. Consider instead playing as the underlying, always there, continuum of experience... Ordinary life is netted out of playing but play continually squeezes through even the smallest holes...  
(p. 16)

In connection with this observation, Dewey's (1938) distinction between play and playfulness is interesting to note. Dewey (1938) describes play as the activity and playfulness as the attitude. He says playfulness has the more meaningful connotation as he considers it to

be an attitude of mind whereas play only refers to the external demonstration of this playful attitude. Hence, Resnick's (2017) illustration of Anne Frank's creativity is an example of her playfulness rather than the actual act of play. Anne's creativity had little to do with fun and games. Rather, her manner of engaging in the world was playful.

Playful learning approaches can also be used when deepening one's understanding of serious topics like BPD. As such, incorporating film as an educational tool into a psychopathology curriculum is playful by and of itself. Playfully immersing oneself into the contexts of the characters, imagining what it must be like to be them, feeling their hardship and being able to tinker around with diagnosing in a virtual reality all form part of learning through play. Clinical psychologists-in-training can practice and tinker around with the thought of having real-life patient sitting in front of them and playfully imagining how the disorder can possibly affect the person's interpersonal relationships and social dynamics. Doing so reflects Vygotsky's (1978) observation that "[the] greatest achievements are possible in play, achievements that will tomorrow become her basic level of real action" (p.100).

The benefits of playful learning have long been acknowledged and play is seen as a fundamental educational method (Dewey, 1944; Hirsh-Pasek et al., 2009; Huizinga, 1955; Piaget, 1971; Vygotsky, 1978). Learning playfully means that the individual is relaxed, engaged and challenged – all of which are psychological states that are highly conducive for learning. As people grow older, they do not stop playing. However, the nature of play changes as individuals move from kindergartens, to schools, to universities and on to professional workspaces. The playfulness becomes more challenging and complex with more advanced rules. Playfulness can include coding and programming, making music or working in the healthcare profession as a clinical psychologist – activities which require needing to

think creatively and playfully. However, the essence of playful learning remains the same and so do the benefits of enhanced social, emotional and intellectual development.

## **2.6 Theoretical Premises: Beyond Images**

The previous section of Chapter 2 explored the importance of a playful learning approach when teaching 21<sup>st</sup>-century skills. The following section will delve into the particulars of the theoretical premises of the current research study and discuss how films have the power to touch upon the viewer's archetypal shadow.

The theoretical premises of this study are rooted in Jung (1981) together with Hillman's (1998) contemplations about the link between archetypes and images, learning and archetypal experiences (Gramaglia et al., 2013). For the purpose of this study, Jung's (1931/1969) essays published in *The collected works of C. G. Jung: The structure and dynamics of the psyche* edited by Fordham, Adler and McGuire (1969) have been consulted. Concentrating particularly on Jung's (1931/1969) theory of archetypes, the focus is on two specific essays in his *Collected works*, namely "Instinct and the unconscious" (Jung, 1919) and "On the nature of the psyche" (Jung, 1946). In the latter essay, Jung uncovers his principal dynamic models, which have evolved over a time period that commenced when he parted with Freud's ideas and developed his unique, distinct concepts.

In "On the nature of the psyche" (first version, 1946), Jung writes about his theoretical stance and explains the majority of his psychological endeavours. Jung (1946) comprehensively explores the notions of unconsciousness and consciousness against their archival origins, specifically with regards to instinct. A further focal point of this essay is Jung's (1931/1969) discussion on the theory of archetypes, a topic which was first introduced over twenty-five years earlier in "Instinct and the unconscious" (Jung, 1919/1969). Hence, these works were important in guiding this dissertation and exploring the role of films and

dynamic images as empathetic and more emotionally involved learning tools for intern clinical psychologists.

Together with Jung's theory (1931/1969) of archetypes, the work of Gramaglia et al. (2013) on medical humanities has been consulted. Gramaglia et al. (2013) suggest that an allegorical and symbolic approach to films has not received much consideration for training purposes so far. Exceptions include Mischoulon and Beresin's (2004) exploration of the *The Matrix* and its depiction of an individual's mental and spiritual journey, realised by overpowering one's inner complexes with the aid of psychoanalytic therapy. A further study that explores a film from an allegorical and symbolic perspective specifically in a training context is Camp, Webster, Coverdale, Coverdale, and Nairn's (2010) discourse analysis of the Joker figure in *The Dark Knight Rises*. While these studies explore how the different archetypes are presented in films, this dissertation will specially deal with a different form of "archetypal learning." It will explore the influence of the portrayed dynamic images on the intern clinical psychologists themselves and how one can come encounter one's own shadow.

The aim is to propose a different approach to film as an educational tool for psychology interns, which can be understood as integrative and complementary to its presently explored usage (Gramaglia et al., 2013). According to Camp et al. (2010), stories make the indiscernible forces of life noticeable by generating images of individuals representing specific ideas, notions and social types, conveying some fate to each. Documentaries and biographical depictions, such as in *Sylvia* (Owen & Jeffs, 2003) and *Black Butterflies* (Van Gestel & Van der Oest, 2011), offer selected glimpses of how things are supposed to look (Camp et al., 2010).

As suggested above, the theoretical underpinnings that guide this study are based on Jung (1981) and on Hillman's (1998) archetypal understandings and the link between the

archetypal experience and cognitive and emotional learning (Gramaglia et al., 2013). However, before discussing the link to cognitive and emotional learning, it is necessary to begin with clear definitions of the terms Jung (1916) uses to describe his archetypal theory. In his essay “Instinct and the unconscious”, Jung (1919/1969) defines archetypes as innate, archaic images that originate in the collective unconscious. The collective unconscious may be viewed as the totality of all instincts and their corresponding archetypal images. Jung (1916/1969) explains these unconscious processes by means of an example. He proposes that if an individual unexpectedly comes across a snake, he or she will naturally get a fierce fright because it is an instinctive impulse identical to the innate, unconscious fear of snakes in monkeys (Jung, 1916/1969). Jung (1916/1969) defines the unconsciousness as the entirety of all psychic processes that do not have the quality of consciousness.

Jung (1916/1969) further states that the instincts and archetypes are subliminal. For them to become conscious to an individual at all, these psychic contents need to possess specific energy levels. The poorer the level of energy of the psychic content, the more likely it is to withdraw into the subliminal unconsciousness. Subsequently, the unconsciousness may be viewed as a depot or holder of all content that is still too feeble to enter consciousness. Lost memories or the occurrence of dreams are part of the unconscious receptacle (Jung, 1916/1969).

In addition to repressed memories and dreams, the unconscious holds agonising feelings and thoughts. Jung (1916/1969) refers to the totality of these underlying subjects as the personal unconscious. However, even deeper than the personal unconscious lies the collective unconscious, which is home to inherited, instinctual impulses that are not acquired in isolation but collectively. Moreover, aside from being home to the instinctual impulses, the collective unconscious also holds the *a priori* archetypes of awareness. These uniquely

human appraisal patterns determine how we perceive the world around us (Jung, 1916/1969). Jung (1916/1969) thus proposes that the collective unconscious is where the archetypes and human instincts lie.

Contrary to the unique and individual personal unconscious, the collective unconscious is communal and universal in nature (Jung, 1916/1969). Both instinctual impulses as well as archetypes are fundamentally collective as they are habitually occurring phenomena. These collective phenomena are universal and have no individual quality (Jung, 1916/1969). Essentially, Jung (1916/1969) defines archetypes to be naturally occurring images that are inscribed on the human mind as *a priori* patterns of perception that drive human behaviour and judgement. The manner in which human beings interiorly visualise the world is still – even considering dissimilarities in detail – just as constant and uniform as their instinctual behaviours (Jung, 1916/1969). These primeval images or archetypes shape one's mode of apprehension, just as instinctual impulses determine one's conscious behaviours.

Jung (1916/1969) furthermore explains that archetypes are classical types of apprehension. If universally occurring types of apprehensions are present, they may be viewed as archetypes. As mentioned before, human instincts and their corresponding archetypes reside in the collective unconscious. According to Jung (1916/1969), the most remarkable evidence that every human has instincts as well as archetypal images is the disturbance of the collective unconscious, which may result in psychopathologies such as schizophrenia. Jung (1916/1969) argues that schizophrenia is an eruption of archaic impulses in association with unambiguous mythological symbols or images.

The collective unconscious, which is a familiar yet controversial concept, can be described as manifesting universally inherited themes, which can be found across all human life (Jung, 1960/1969). The archetypes, which are primordial images reflecting primal patterns familiar to us all, are derived from the collective unconscious. Jung (1960/1969)

states that these archetypes have existed collectively since the beginning of time. All human beings have the same shared archetypes that present themselves as inborn possibilities (Gramaglia et al., 2013). Jung (1960/1969) proposes that archetypes are introspectively identifiable forms of deduced psychic “orderedness.” These *a priori* unconscious patterns manifest themselves as the shadow, the persona (social mask), the animus (masculine)/anima (feminine) and the self (the ultimate fusion of the unconscious and the conscious). The shadow, or the dark side of the psyche, encompasses inhibited desires, ideas or weaknesses. In traditional stories or fairy tales, the shadow is often represented by an evil enemy or villain who the typical hero of the story attempts to defeat. Jung (1939/1969) describes the role of the archetype as the struggle between unconscious and conscious forces. They are the symbols through which more profound layers of the unconsciousness are manifested.

As such, archetypes are unconscious schemes or patterns that instantly evoke a sensible common projection or vision of a specific idea in the minds of most individuals. Although these primordial mental representations are at first without concrete substance or content, the images can eventually gain solidity and, through the experience of empirical information, evolve into consciousness (Jung, 1960/1969). As Gramaglia et al. (2013) explain, it is through experience of this transitioning process that archetypal representations shift into consciousness and realise their potential into certain behaviours, images or different forms of interactions with the external world. It may thus be argued that pictures serve as a significant mediator between *a priori*, unconscious archetypes and conscious, active learning processes (Gramaglia et al., 2013).

Our psyche, argues Hillman (as cited in Gramaglia, 2013), expresses itself through imageries. As a result, dynamic images from a film, similar to those of a fantasy or a dream, can be interpreted from two distinct perspectives. Firstly, images can be viewed from an extra-psychical, or objective, stance. Secondly, images can be perceived intra-psychically, or

subjectively. The latter takes a subjective stance as each character in a film stands for a part of an individual, or a complex. Jung (1960) describes these complexes to be a configuration of emotions and perceptions that revolve around a common theme.

When Jung (1916/1969) refers to the subjective dream-work in his essay “General aspects of dream psychology,” he compares a dream to a theatre in which the individual, the dreamer, fulfils a multitude of roles. The dreamer automatically becomes the scene, the player, the prompter, the producer, the author, the public and the critic (Jung, 1916/1969). As such, an interpretation on the subjective level regards the characters, symbols or figures in a dream as embodied features of the dreamer’s own personality (Jung, 1916/1969).

Consequently, as Gramaglia et al. (2013) argue, the significance and meaning of a specific film can be ambiguous. It is inevitably influenced by several factors: the director’s intentions, the audience’s capability of comprehending of the film and both the director’s and the audience’s unconscious. The viewer’s as well as the director’s unconscious will unavoidably surface in the significance they assign to certain part of the film or the film as a whole (Gramaglia et al., 2013).

Based on the above argument, Torre (as cited in Gramaglia et al., 2013) proposes an approach that uses dynamic images as educational stimulations. According to this method, dynamic images, such as those found in films, have an instantaneous suggestive power on the viewer and are thus especially appropriate for provoking emotional engrossment and inciting unconscious processes and complexes. Torre’s (as cited in Gramaglia et al., 2013) proposal of dynamic images as educational incitements permits the joining of the theoretical and the technical aspects of a topic, which are combined with the experience of working in a group setting. The dynamic images of the film (either shown in full-length or only focusing on carefully selected clips) can be discussed and developed in collaboration with peers. This process promotes brainstorming and helps ensure that thinking and learning processes are



made visible (Gramaglia et al., 2013). Mutual exchange of ideas, experiences and perspectives are all enriching processes for the learners or trainees.

Moreover, the members of the group are provided with an opportunity to actively identify with the various personalities and, through this identification process, the viewers can experience situations in the film from different standpoints. This practice of “putting yourself into the shoes of another person” can turn into concrete knowledge, both from a cognitive perspective and, perhaps more significantly, an emotional perspective (Torre, as cited in Gramaglia et al., 2013).

Among other literature on cinematherapy, Berg-Cross, Jennings, and Baruch (1990) and Datta (2009) point to the more obvious advantage of films as an enjoyable learning instrument. Moreover, films typically provoke debates, including discussions about how not to communicate with patients (Darbyshire & Baker, 2011). Kalra (2012) agrees with Darbyshire and Baker (2011) about this aspect of film as an educational tool. Kalra (2012) advocates for the use of films to provide a platform of understanding and discussion for relatively rare disorders such as necrophilia. Carefully selected films may offer platforms to explore the opinions of learners about taboo topics, which would else remain unknown (Kalra, 2012).

In close connection to Kalra’s (2012) argument that films enable the viewer to engage in difficult topics, Izod (2000) states the importance of emotions evoked by films. Emotions have the potential to disrupt the equilibrium of the psyche when individuals are viewing films. However, the feelings that are evoked when engaged in a film are tied to a virtual reality and hence create a safe environment for the viewers. In this safe environment, the individuals are given an opportunity to deepen their self-awareness and gain a more profound understanding of a certain topic (Izod, 2000; Powell et al., 2006).

Gramaglia et al. (2013) take this argument further by grouping the potential advantages of films into three core categories. To begin with, dynamic images such as films open the possibility for learners to face themselves and reflect on what it truly means to be working in the caring profession. The relationship between an individual and his/her occupation in the helping profession is anything but straightforward. The individual is inevitably influenced by the dynamics and relations of the team in which he/she works, the institution with which he/she identifies, the incentives and motivations of the specific organisation and, finally, the various theories, methods and approaches the individual follows. From a more comprehensive perspective, the complex relation between the individual and his or her profession also include the important aspects of destiny and vocation (Gramaglia et al., 2013).

Gramaglia et al. (2013) then propose a further point. Certain films focus on allowing the viewer to consider and reflect on their shadow sides. As mentioned previously, Jung (1916/1969) describes the shadow sides of all human beings to be the inferior part of their personality. The more an individual deals with the shadow side on an unconscious level, the closer he/she is to human wholeness. Similarly, the more an individual is oblivious to his/her shadow within his/her personality, the darker and more complex this shadow will be (Jung, 1916/1969).

According to Gramaglia et al. (2013), films provide a platform for the viewers to come in contact with their shadow sides so that they are more strongly embodied on a conscious level. In connection with this idea, Guggenbühl-Craig (1999) argues that these unconscious sides of a person's personality have the potential to emerge as the shadow side of power in the helping professions. Aspects such as power and authority can at times lead individuals in the healthcare professions to fluctuate between an electrifying invincibility ("I can do anything") and an overpowering feeling of responsibility ("everything depends on

me”). Guggenbühl-Craig (1999) describes both the scenarios as risky and unhealthy because they disregard the value of the patients’ part and neglect the importance of relationships.

Finally, Torre (as cited in Gramaglia et al., 2013) emphasises the point that film as an educational tool can be employed to explore and learn more about the feminine (anima) that resides in every human being. At the same time, Jung’s (1916/1969) so-called feeling function can be unlocked. Jung (1916/1969) proposes that the work on one’s feelings and emotions is crucial. The awareness of one’s emotions is just as important as being able to manage them. The feelings evoked by a certain situation, such as a film, allow a more profound understanding of the situation itself. According to Jung (1916/1969), the anima empowers individuals to experience emotions, to receive emotions and to cry. The anima enables individuals to focus on various details and different shades. It supports the differentiation between values contingent with the feeling function. A deep understanding of pain, caring and meaning all depends on the anima.

Gramaglia et al. (2013) emphasise that it is this feeling function, not the thinking function, that enables us to recognise and organise human values. Cognitive and intellectual functioning are unquestionably important in their own aspects. However, they can create uncertainty when having to understand human values (Jung, 1916/1969). Hence, the anima allows individuals to arbitrate between the unconscious and the conscious and, most importantly, to give significance, value and sense to facts (such as learned in textbooks), in order to turn them into real, felt experiences (Jung, 1916/1969).

Appreciating sciences and humanities (specifically, film and music) as complementary to one another and understanding human illness, disorders or health issues as interdisciplinary is promoted by both Fritz and Poe (1979) and Gordon (2005). Learning about disorders should bring the perspectives of music, art, philosophy, literature and history together. When it comes to training medical professions, there seems to be a tendency to

solely focus on dogmatic approaches (Gordon, 2005). It is often the case that traditional training does not include sufficient time to think about more profound questions about the meaning of being a healthcare professional. However, psychologists will inevitably build relationships with their patients. These relationships should be both empathic and helping.

In conclusion, films can help bridge the gap between the scientific and artistic sides of psychology (Fritz & Poe, 1979). They can open a platform for trainees to gain insight into the dynamics and subtleties of being diagnosed with a certain disorder. Films can, as argued by Batistatou, Doulis, Tiniakos, Anogiannaki, and Charalabopoulos (2010), invite reflective processes about human conditions, pain and sufferings. Dynamic images can raise questions about the perceptions and understanding of oneself as well as the responsibility towards the self and others. Through the incorporation of films in educational settings for psychologists-in-training, empathy and relational skills can be significantly improved. Bloch (2005) similarly believes that films help the intern relate to patients and their families dynamically, compassionately and empathetically.

## **2.7 Films as Educational Tools**

Only recently has film been recognised as an educational tool for medical – specifically psychiatric – courses (Alexander et al., 2005; Gramaglia et al., 2013). Film clubs and the inclusion of cinema education modules and lectures focus on cultivating a more holistic approach to teaching students about issues of countertransference, psychotherapy and patient-therapist relationships (Gramaglia et al., 2013). In the last two decades, film as an educational tool has been increasingly used for a broad range of trainees such as counsellors, family doctors, dentists, psychiatrists and medical students (Alexander et al., 2005). Alexander et al. (2005) furthermore argue that the topics addressed by this alternative learning format specifically focus on theories on family practices and systems, competencies

in a multicultural context, developmental phases in child psychology, clinical diagnoses and pharmacology and the link between law and psychology.

Indeed, *Movies and Mental Illness: Using Films to Understand*

*Psychopathology* authored by Wedding et al. (2010) offers an encyclopaedic depiction of Hollywood films and how they can be incorporated into classroom settings. For the most frequently encountered psychological issues to be understood in a more vivid fashion, Wedding et al. (2010) provide a case history and synopsis of specific scenes from famous films. Throughout the book the reader is guided with useful recommendations for critical classroom discussions. In a similar fashion, Alexander et al. (2005), Zimmerman (2003) and Gabbard and Gabbard (1999) have compiled books on the appropriate use of films in a classroom setting, providing the reader with a vast variety of films as well as specific scenes from films that depict particular psychological nuances.

A study conducted by Pearson (2006) discussed the film *The Hours* as a dynamic instructional tool for teaching the process of diagnosing. Pearson (2006) explores the film and the various personalities in the film as well as the way in which the film can be incorporated in a classroom setting. In this sense, films offer an exclusive learning experience (Liles, 2007). Similarly, Orchowski, Spickard and McNamara (2006) argue that films offer a valuable platform for discussions and provide students with the opportunity to apply their theoretical orientations to analyse the relationships between characters in the film. In addition, dynamic pictures have an immediate expressive power upon the viewer and are thus particularly useful in ensuring emotional engagement (Pearson, 2006; Wedding et al., 2010).

Processes such as remembering or imagining something or someone are not physically palpable nor observable. However, certain cinematic techniques including slow fades can successfully portray such abstract processes including suppression, denial and other defence mechanisms (Wedding et al., 2010). Moreover, the reactions of students to this

process can be discussed. Pearson (2006) stresses the advantage of films being able educate through the audience's empathetic identification with the film characters. Wedding and Boyd (1999) and Alexander et al. (2005) furthermore state that the fusion between sound effects, meaningful dialogues, music and images have an important effect on viewers' feelings and parallel viewers' thoughts that appear in their stream of consciousness. Liles (2007) supports this idea by stating that in films emotions can be conveyed with a distinctive clarity.

In connection with the above, visual stimuli have long been associated with an extraordinary power to portray information and knowledge in an emotionally evocative manner (Alexander et al., 2005). A medium that has successfully fused the visual and auditory elements is the cinema (Wedding et al., 2010). The film industry has mastered the ability to transfer its audience into a state of intense submersion as the moving images of the film enter the individual's consciousness. The viewer is likely to forget about his/her immediate surroundings as he/she is engrossed in the temporarily created world of the cinema (Wedding et al., 2010).

The audience is often able to identify with the characters of the film and their specific circumstances. By means of different cinematic techniques and camera angles, such as the close-up shot where the focus is on a character's isolated face, the viewer's awareness of space is suspended and the viewer's attention is fixated on very specific emotional expressions (Wedding et al., 2010). Indeed, the most intense feelings such as extreme heartache or fury are more effectively portrayed by images of a person's facial expressions rather than by means of the written word. As such, one reason why early silent films were so successful in arousing strong emotions was because the viewer was encouraged to show compassion towards the mimics and gestures of the characters and thus identify with their subjective experiences (Wedding et al., 2010). In connection with the notion of identification

with film characters, Wedding et al. (2010) suggest that individuals as viewers often project themselves into the plot of the story, which emphasises the identification process.

Furthermore, viewers almost automatically accept the happenings occurring in the film as real and natural even though the plot might rapidly move from one scene to the next. Wedding et al. (2010) explain this phenomenon by means of suture theory, which refers to the unconscious mechanism of tacitly editing or “sewing” these cinematic cuts together. Thus, the audience can fuse incoherent or jumbled scenes into comprehensive wholes in an automatic cognitive process. This mechanism is only possible because the viewer, without conscious effort, understands that each scene or portrayal of a character represents a different point of view. The resulting scenes will respectively be shot from the perspective of a different character looking at the first character (Wedding et al., 2010). Suture theory supports the idea that films have the ability to help the viewer be submerged and enveloped into the plot and characters.

Based on the above attributes of film – i.e. being able to lead the viewer into a state of submersion and portray the happenings on screen in a realistic fashion – Wedding et al. (2010) and Alexander et al. (2005) argue that films are specifically useful in portraying psychological concepts, dreams and states of mind. The artful fusion of sound effects, images and music emulate the viewer’s unconscious emotions and cognitions (Alexander et al., 2005 & Wedding et al., 2010). The combination of light and sound radiate towards viewers in such a fashion that viewers often eagerly accept the cinematic happenings as reality (Wedding et al., 2010).

Films thus offer a unique opportunity to portray psychopathology. The genres that are typically most often made use of are drama, horror, suspense, documentary or comedy. Generally, the most compelling depictions of individuals presenting with mental illnesses are

those that incorporate surreal elements into a more realistic framework so that the internal thoughts of the person's mind are portrayed in an engaging way (Wedding et al., 2010).

Webster Jr., Valentine, and Gabbard (2015), furthermore, state that traditional textbooks do not offer a platform in which to convey the hidden curriculum. Rather, textbooks provide lessons that are carried out on an explicit level (Webster Jr et al., 2015). As such, incorporating films as an educational tool offers instructors the advantage of moving away from the explicitly stated, straightforward descriptions of mental illnesses.

These accidental, underlying learning experiences (i.e. the hidden curriculum) are valuable as they acculturate students toward an ethical understanding within medicine and psychology (Webster Jr et al., 2014). Webster Jr et al. (2014) guided the development of a film club by means of casual meetings with students and faculty members. A wide range of topics were discussed, such as inter-relational conflicts, family issues, psychopathology and emotional suffering (Webster et al., 2014). These informal gatherings successfully initiated important educational capacities in modelling reflexivity, collaboration and humility among the students. Similarly, Gramaglia et al. (2013) emphasise that dynamic images, such as films, have the power to mediate between the conscious (explicit) learning and unconscious (implicit) learning. Films are therefore especially useful for evoking an emotional engagement with the material. As such, films can vividly portray dreams, thinking processes and even fantasies, where the audience sometimes cannot distinguish between real and unreal (Wedding et al., 2010).

In accordance with the above, an important intrinsic value, part of the hidden curriculum, that can be learned by means of film club discussions is that multiple viewpoints about a certain topic are accepted (Webster Jr et al., 2014). Gramaglia et al. (2013) found that film club environments encourage brainstorming and discussion. The club members were able to identify with the film characters and share their experiences with others (Gramaglia et



al., 2013; Alexander et al., 2005). Indeed, differing perspectives are encouraged in the field of psychiatry and psychology.

Therefore, films and film clubs offer an excellent opportunity for students to master the hidden curriculum of the psychology profession (Webster Jr et al., 2014). The study conducted by Gramaglia et al. (2013) strengthens the idea that film clubs and subsequent discussion sessions improve the sensitivity and empathy levels of psychology students. Moreover, the students become aware of the fact that relational issues are a crucial aspect of psychotherapy (Gramaglia et al., 2013).

Liles (2007), and Alexander et al. (2005), further argue that films offer an exclusive insight about how individuals behave in their social environment. Hesse, Schlieve and Thomsen (2005) state that traditional textbooks only provide students with basic information about psychopathology. However, future therapists need more specific knowledge in assessing personalities (Alexander et al., 2005; Hesse et al., 2005). It is essential that clinicians recognise that real behaviours, mannerisms and characteristics are too neatly presented in textbooks (Hesse et al., 2005).

Hauenstein and Riddle (as cited in Liles, 2007) argue that films can facilitate a fusion between entertainment and education. Films have the power to convey course content, illustrating a unique cultural focus and a rich visualisation of psychological concepts and theories (Hauenstein & Riddle as cited in Liles, 2007). In this sense, films add a personal element to the learning experience. Incorporating films into the classroom setting encourages educators to link the curriculum to individuals in a social context and interpersonal environment. Therefore, films allow extremely complex interpersonal dynamics to be portrayed in a manner that provides a taste of real-life situations, which is often difficult to be expressed in a verbal format (Liles, 2007).

Furthermore, Banyard (2000) explore the educational use of first-person accounts of individuals presenting with mental disorders. In contrast to mainstream textbook descriptions, first-person accounts offer students a personal perspective of individuals with mental disorders. In this sense, connecting real-life accounts with traditional textbook descriptions is beneficial to the psychopathology student (Banyard, 2000). Banyard (2000) and Norcross, Sommer and Clifford (2001) incorporate autobiographical readings to emphasise aspects such as empathy and relational issues. The value of first-person accounts can be further realised in the use films as an additional educational tool. According to Pearson (2006) films even outweigh the effectiveness of role plays or case studies. Similarly, Liles (2007) state that films offer an active involvement in the experiences of other individuals that is not often gained by means of role play or verbal expressions.

A study conducted by Pearson (2006) aimed at introducing an educational activity in which students were exposed to the dynamics of a wide range of affective disorders portrayed in the film *The Hours*. The goal of this instructional activity was to provide students with the opportunity to complement textbook descriptions about affective disorders by means of being directly engaged in the process of diagnosing the various characters in the film. This activity provided an excellent opportunity for counselling students to observe the devastating influence affective disorders can have on different individuals within real-life situations (Pearson, 2006). An important result of the study was that the incorporation of the film and its accompanying activity served as an excellent way of learning to use the DSM and the complex processes of diagnosing (Pearson, 2006). Among other findings, participants responded that they finally understood more of the human side of mental illnesses and how it can negatively influence individuals' views on life (Pearson, 2006).

An equally significant study conducted by Zerby (2005) focused on facilitating the teaching of child development by using the film *Invaders from Mars*. Zerby (2005) concluded

that this film is particularly suitable to educate psychiatry students about clinical interventions and child psychopathology. Zerby (2005) emphasises that the DSM-IV criteria for separation anxiety disorder is appropriately conveyed in the film and is a memorable and useful tool in teaching psychology students.

In addition, according to Webster Jr et al. (2014), film not only has the benefit of portraying psychological concepts in a lifelike fashion but also facilitates the assurance that patient confidentiality is not violated. As such, films offer a vivid and unique medium to teach a variety of aspects in psychology (Webster Jr et al., 2014). Gabbard and Horowitz (2010) support this view by stating that films offer a welcome alternative to portraying psychotherapy without breaking patient rules of confidentiality and the right to privacy.

In their study, Gabbard and Horowitz (2010) described that films can be incorporated into the psychology curriculum with the objective of teaching students how to avoid issues such as boundary transgressions and countertransference. Gramaglia et al. (2013) support this view by stating that films can enable students to identify as people in the helping profession. According to Gabbard and Horowitz (2010), however, the psychotherapy that is portrayed in the cinema only parallels real-life psychotherapy to a minimal extent. Nevertheless, these portrayals can aid students in understanding how *not* to conduct psychotherapy. Gabbard and Horowitz (2010) made use of the television series *In Treatment* to explain what the protagonist, who is a psychotherapist, could have done better in order to avoid the violation of boundaries and eroticised transference and countertransference. In this sense, students not only gain valuable information about psychological constructs but also receive the opportunity to improve their understanding about diverse interpersonal dynamics they have to face as future therapists with clients.

In connection with the above argument, Martimianakis et al. (2015) refer to these tacit or implicit learning experiences as the hidden curriculum. In a similar fashion to how

Gabbard and Horowitz (2010) use the series *In Treatment* to portray underlying interpersonal dynamics, Webster Jr et al. (2014) argue that films have the ultimate benefit of conveying to students which behaviours and actions should be valued in a given society. According to Martimianakis et al. (2015), the hidden curriculum may be characterised as something that goes beyond the explicit level. Thus, tacit learning occurs when structures, cultures and institutions have an impact on the development of individuals' professional identities (Martimianakis et al., 2015). Webster Jr et al. (2014) state that the role of film in the hidden curriculum has not been given enough importance.

Moreover, the students can gain insight into the fact that mental disorders can affect individuals in vastly different ways. Moreover, it can help them realise that labels can be attached to people who actually have distinct underlying psychological dynamics (Liles, 2007). This argument is supported by Hesse et al. (2005), who state that some individuals, while obviously distressed, do not fit into any quintessential category of a mental disorder. Films are thus able to convey that although some individuals may receive the same diagnosis, they can experience this diagnosis in unique ways. Moreover, in the study conducted by Hesse et al. (2005), the participants realised that the process of diagnosing can be extremely difficult. The characters portrayed in the films cannot easily be placed into a clear-cut categories outlined by the DSM.

At the same time, it should not be forgotten that augmenting mainstream instructional tools such as formal readings with a more creative aspect calls for detailed structuring and careful planning as well as regular evaluation (Anderson, 1992; Pearson, 2006). Moreover, according to Liles (2007), the selection of the films is important and should, if possible, correspond to a theory or concept dealt with in class with students.

Moreover, it is equally important to be at least aware of the possible downfalls of films and how they might misrepresent the psychology profession or uphold certain

stereotypes about mental disorders (Eber & O'Brien, 1982). Orchowsky et al. (2006) and Wedding and Niemiec (2003) state that films often convey negative depictions of psychotherapy. Orchowsky et al. (2006) argue that it is important for clinicians to remain cognisant of the cinematic depictions of mental disorders, psychotherapy and psychotherapists. By training clinical psychologists to be more conscious about the role of the cinema in constructing the image of professional psychology, the chances are higher that stigma can be decreased around mental health care (Orchowsky et al., 2006).

Bearing this in mind, the below-discussed stereotypes perpetuated in films can be successfully used to teach how not to practice psychology. By means of creating awareness and discussing these commonly occurring psychological stereotypes in films, more true-to-life depictions of psychological concepts can be advocated (Orchowsky et al., 2006). In Wolff, Pathare, Craig, and Jeff (1996), in which over 30% of the participants stated that they acquired their knowledge and perceptions about mental disorders from the cinema, the influential power of films is evident.

Gabbard and Gabbard (1999) take this argument a step further by proposing that the public's understanding of professional psychology was developed within the film industry itself. Indeed, with their origins in Europe, the psychology profession as well as the film industry seem to have developed simultaneously (Gabbard & Gabbard, 1999). Taking this close interrelationship into account, the suitability of films as an educational tool to explain psychological concepts is undeniable. If, as Bischoff and Reiter (1999), Wedding and Niemiec (2003), Wolff et al. (1996) and Wood (1975) argue, films have an immense influence on the perceptions the public has about mental disorders, then incorporating them as an educational tool is essential – not only to genuinely aid the understanding what it is essentially *like* living with a certain disorder, but also to show that stereotypes about mental disorders are perpetuated through media. It is indeed the case that a great deal of individuals

do not seek mental health care due to misrepresentations about treatment outcomes or the presentation of the character of psychologists in general (Signorielli, 1993).

Indeed, the negative portrayal of the psychotherapist is evident in how films misrepresent the psychology profession. A study conducted by Bischoff and Reiter (1999) explores the depiction of mental health practitioners in 99 popular film characters. They found that female psychotherapists were more likely to be depicted as being overly sexual towards their patients, while male psychotherapists were shown to be incompetent (Bischoff & Reiter, 1999).

Similarly, people's attitudes about developmental difficulties, substance abuse and addiction are all heavily influenced by the depiction of these conditions or circumstances via films or contemporary cinema (Wedding & Niemiec, 2003). Gabbard and Gabbard (1999) further postulate that the misconception or false ideas individuals receiving psychotherapy have about the psychology profession predominantly stem from therapy sessions portrayed in popular films.

In this sense, the educational benefit inevitably varies among films in terms of either promoting certain stereotypes or conveying meaningful content. Naturally, the educational impact of films can be both positive and negative (Wedding & Niemiec, 2003). To illustrate this statement, the influence on that two films have the viewer's perception of mental can be contrasted. On the one hand, *Rain Man* (Johnson & Levinson, 1988), a film starring Dustin Hoffman portraying a man with autism, has educated and enlightened millions of individuals about this pervasive developmental disorder. Yet arguably not all individuals with autism have savant abilities. On the other hand, the film *Psycho* (Van Sant & Grazer, 1998) has had a somewhat negative influence on the way mental disorders are perceived. The film strongly perpetuates the stereotype that mental disorders are automatically linked to violence (Wedding & Niemiec, 2003).

Apart from perpetuating a strong link between mental disorders and violence, films may also be inaccurate in that there is a universal tendency to portray individuals suffering from psychosis as dangerous homicidal “freaks” (Hyler, Gabbard, & Schneider, 1991). However, Wahl (1995) points out that most individuals with mental illnesses are neither dangerous nor violent.

Hyler (1988) mentions three further stereotypes that are perpetuated in popular films. Firstly, a person who is innocently unconventional or eccentric is often depicted as suffering from a mental disorder and is unsuitably treated. Secondly, the concept of a schizophrenogenic mother or father is frequently portrayed. The parents of an individual with a mental disorder are often pictured as distant, aloof or cold. This conception of schizophrenogenic parents has, however, mostly been proven to be incorrect (Hyler, 1988). Thirdly, Hyler (1988) states that films often over-emphasise the association between the development of a mental disorder and a traumatic childhood.

Bearing these disadvantages of using films educational tools in mind, films can still provide students with a unique chance to understand realistic manifestations of psychological disorders and relate theories of psychopathology. The collocation of image and sound in appropriate feature films can offer learners first-hand perspectives on mental disorders that are difficult to impart in lectures or manuals (Darbyshire & Baker, 2012; Fleming, Piedmont, & Hiam, 1990; Ross & Favero, 2002).

## 2.8 Conclusion

Chapter 2 outlined the current study, which explores the role of the films *Sylvia* (Owen & Jeffs, 2003) and *Black Butterflies* (Van Gestel & Van der Oest, 2011) as playful educational tools that can be used by intern clinical psychologists to enhance their understanding of the dynamics of BPD. The diagnostic criteria, aetiology, complexity and

dynamics of BPD were discussed. Thereafter, historical and biographical information on the poets Sylvia Plath and Ingrid Jonker was provided, followed by an overview of the lifelong kindergarten approach (Resnick, 2017) and a pedagogy of play (Mardell et al., 2016) as well as their association with essential 21<sup>st</sup>-century skills. The theoretical underpinnings of the current study, which are rooted in Jung (1981) and Hillman's (1998) contemplations about the link between archetypes and images, learning and archetypal experiences (Gramaglia et al., 2013) were explored. Finally, a review of cinema education was provided.

The following chapter focuses on the methodological implications of the current study.



## **Chapter 3: Methodology**

### **3.1 Introduction**

This chapter explores the methodological framework of the current qualitative study. It outlines the paradigmatic underpinnings, which are rooted in the interpretivist paradigm. The purposive sampling process that was employed to recruit the participants from the tertiary psychiatric hospital is described and the data collection process is outlined. Justification for the use of questionnaires and semi-structured interviews is provided, followed by a description of the method of data analysis employed by the researcher. Finally, the trustworthiness and ethical considerations of the current study are detailed.

### **3.2 Paradigmatic Underpinnings**

It is imperative that all scientific research studies are embedded within a specific paradigm (Creswell, 2009; De Vos, Strydom, Fouché & Delport, 2005; Thomas, 2010 & Willig, 2001). In order to communicate a study in an unambiguous and clear fashion, it is important that the epistemological nature of the paradigm is well-understood and clarified in the research report (De Vos et al., 2005 & Thomas, 2010). The philosophical underpinnings the researcher espouses should be made explicit (Creswell, 2009).

According to Willis (2007) and Thomas (2010), the social sciences typically make use of several frameworks for conducting research. Simply dividing these frameworks into qualitative and quantitative research methods is not sufficient as the distinctions between them are more profound than an emphasis on words or numbers respectively. In this sense, referring to these frameworks as paradigmatic underpinnings seems more fitting as the term captures the worldviews that guide a study (Willis, 2007). Paradigms are defined by values, beliefs and assumptions that a research culture has in common with regards to the nature of reality.

Similarly, Willis (2007) and Terre Blanche, Durrheim and Painter (2006) state that a paradigm is shaped by the underlying philosophical beliefs in which the researcher is engaged when conducting the study. Terre Blanche et al. (2006) define a paradigm as an all-encompassing framework of interdependent thinking that determines the nature of enquiry around epistemology, ontology and methodology. Essentially, choosing a specific paradigm reflects the assumed nature of reality (Willis, 2007).

As the purpose of the current study is to gain an in-depth understanding of film as a teaching tool to enhance clinical psychology interns' understanding of BPD, the interpretivist paradigm guides this study. The lived experience of the clinical psychology interns at the psychiatric hospital was explored. Although it is true that the interpretivist paradigm has previously more typically been used to study phenomena in health psychology, the use of this specific paradigm is slowly being seen in other fields as well (Brocki & Wearden, 2006).

According to Willis (2007), the interpretivist paradigm seeks to study human behaviour in an anti-positivist fashion, rejecting the idea that human behaviour can be studied with the same research methods used within the natural sciences. Interpretivist researchers thus do not support the idea that individuals can only be studied by means of a single correct method to reach the ultimate truth (Thomas, 2010). This point is also made in the work of Creswell (2009), who argues that instead of aiming for a reduction of meanings into a few ideas or categories, the interpretivist paradigm seeks to unveil the complexity of multiple and varied meanings. For this reason, the findings of an interpretivist study largely depend on the views and opinions of the participants (Creswell, 2009).

According to the interpretivist paradigm, the behaviours of human beings are not only influenced by their environments, but also – and perhaps more importantly – by their individual subjective experiences and interpretation of their environment (Willis, 2007). Willis (2007) further argues that these subjective realities are critically important when one

seeks to understand the perspectives and behaviours of an individual. As a result, the interpretivist paradigm suggests that multiple subjective realities exist as individuals can only experience a fraction of – never the entire – reality. Thus, individuals are only ever capable of understanding their own subjective reality.

In connection with the above, the interpretivist approach suggests that we can only understand someone else's reality by gaining thick descriptions of his/her thought processes or observing his/her behaviours (Willis, 2007). Instead of using methodologies that are focused on measurements, the interpretivist paradigm emphasises the importance of meaning-focused methodologies, including detailed observations and in-depth interviews (Thomas, 2010). Creswell (2009) argues that the more open-ended questions that are included in an interview, the more the researcher will be able to carefully listen to what individuals have to say about a matter.

Following this interpretivist reasoning, a person can never fully understand another person. It is only possible to use methods to grasp what it *means* to be another person. Hence, this study will aim to grasp the essence of the *meaning* of the intern clinical psychologists' understanding of BPD through its portrayal in selected films. This approach is in line with the interpretivist approach to gaining an in-depth understanding of a specific phenomenon through the meanings that individuals assign to them (Deetz, 1996). In contrast to a positivist approach, researchers working within the interpretivist paradigm do not focus on independent or dependent variables, but rather centre their research around the intricacies of individual sense-making as the study unfolds (Thomas, 2010).

The philosophical underpinnings of the interpretive paradigm lie within phenomenology and hermeneutics (Thomas, 2010). According to Moustakas (1994) and Creswell (2009), phenomenology may be defined as a systematic way of inquiry to determine the essence, or crux, of a particular human experience. Moustakas (1994) further states that

the process of making sense of the lived experiences of individuals means that phenomenology is a research method as well as a philosophy. The process of profoundly studying only a few individuals is aimed at establishing relationships and patterns of meanings (Moustakas, 1994). As suggested by Nieswiadomy (1993), an equally significant aspect of phenomenology is that the researcher should bracket or set aside personal beliefs or experiences while engaging in the phenomenological research procedure. This bracketing strategy is used to emphasise the importance of solely focusing on understanding the lived experiences of the participants (Nieswiadomy, 1993).

Having considered phenomenology as one of the philosophical underpinnings of the interpretive paradigm, it is also reasonable to look at hermeneutics. According to Bleicher (1980), hermeneutics can serve both as a method of analysis and as a philosophical approach to understanding human behaviour. As a method of analysis, hermeneutics may be used as a way to understand the meaning of ambiguous data, not only looking at the written texts but also verbal and non-verbal manners of communication (Bleicher, 1980). The researcher attempts to get closer to the subjects' personal perspective (Smith & Osborne, 2003) or, to use Conrad's (1987) terminology, an insider perspective. Yet, it is never possible to accomplish this in a direct manner.

According to Smith and Osborne (2003), the access to the participant's internal world is inevitably influenced by the beliefs and ideas. Naturally, the researcher's conceptions are needed to understand the insider perspective (Conrad, 1987) by means of an interpretative process (Smith & Osborne, 2003). As such, while the participants attempt to understand their own world, the researcher simultaneously attempts to understand the participants attempting to understand their world. Consequently, the interpretative paradigm and, more specifically, IPA, is intellectually tied to hermeneutics (Pietkiewicz & Smith, 2012; Smith & Osborne, 2003).

### **3.3 Rationale for Qualitative Research Design**

The interpretivist paradigm sees more value in qualitative research approaches such as phenomenology as these approaches aim to understand how human beings perceive and interpret their environment (Willis, 2007). It has also been argued that human learning experiences can be better studied with qualitative data (Denzin & Lincoln, 2003; Henning, Van Rensburg, & Smit, 2004). The aim of this dissertation is to research human learning and the effective utilisation of film as a teaching tool to enhance clinical psychology interns' understanding of BPD. As such, a qualitative research design can provide the necessary insight into the intern clinical psychologists' views of films as an educational tool to gain an in-depth understanding of BPD.

### **3.4 Sampling**

A sample may be defined as a set of individuals representing a population (Christensen, Johnson, & Turner, 2014; Gravetter & Forzano, 2012). It may be argued that a large and varied sample can produce a wider scope from which to extract the crux of a given phenomenon (Creswell, 2009; Starks & Brown Trinidad, 2007). It is also true that it is sufficient to have data from only a few participants who are able to provide a profound account of the particular phenomenon they have experienced. In order to uncover the essence of a phenomenon, a typical sample size is between one and ten individuals (Stark & Brown Trinidad, 2007). Smith and Osborne (2003) support this argument and state that as the detailed analysis of the transcripts takes extensive time, IPA studies are naturally conducted with a relatively small sample size. As the interest of this study lay in finding individuals with similar characteristics of the lived experience, purposive sampling was used to recruit

the participants. Similarly, Smith, Harré, and Van Langenhove (1995) state that the aim of a phenomenological study is not to study the universal, but rather the particular.

Purposive sampling is particularly useful when the researcher identifies the unique features of the population of interest and then determines which people have these features (Christensen et al., 2014; Pietkiewicz & Smith, 2012; Smith & Osborne, 2003). When taking into consideration that a single person can generate multiple concepts, a large sample is not needed to produce rich data (Pietkiewicz & Smith, 2012; Starks & Brown Trinidad, 2007).

For this study, a sample of 15 clinical psychology interns from a tertiary psychiatric hospital in Pretoria, Gauteng were recruited. Over the time span of the data collection, the hospital employed 26 interns in total. The sample profile consists of ten female participants and five male participants. The universities with which the interns were affiliated for their Master's degree at the time of the data collection included the University of Pretoria, University of Johannesburg, University of South Africa, North-West University (Potchefstroom), University of Cape Town and University of KwaZulu-Natal. All participating intern clinical psychologist had completed their Master's coursework. The age of the participants ranged from 24 to 35. Furthermore, the sample consisted of two Indian and 13 white participants. All 15 participants read an information letter prior to the study and signed a consent form (see Appendices C, E and G).

Of the 15 participants who consented to watch the two films and fill out an open-ended questionnaire, six participants further volunteered to do semi-structured interviews. The sample profile of the six volunteering interviewees is four females and two males. The age of the interviewees also ranged from 24 to 35 years. The interviews with the six participants were held in small private rooms at the psychiatric hospital. The participants were given the freedom to choose the date and time for their respective interview session. During the interview, the door to the small rooms were closed for added privacy and

confidentiality. The participants received an information letter prior to the interview and all signed an informed consent form (see Appendices C and G).

The inclusion criteria for the participation in the semi-structured interviews were not limited to specific ages, genders or races. Participation was on a voluntary basis. However, the six individuals were asked to consent to being audio-recorded during the interview session, which enhanced the quality and accuracy of the data transcriptions. All individuals were initially sought out by first contacting the head of clinical psychology at the tertiary psychiatric hospital. A concept note of the proposed study was sent to him. A meeting was arranged, in which the aim and processes of the study were discussed. After he had agreed, the participants were contacted via an e-mail address requesting their participation.

### **3.5 Data Collection**

The purpose of this study was to explore the films *Sylvia* (Owen & Jeffs, 2003) and *Black Butterflies* (Van Gestel & Van der Oest, 2011) as educational tools to expose clinical psychology interns to the interpersonal dynamics and subtleties of BPD as displayed by Gwyneth Paltrow and Carice van Houten portraying Sylvia Plath and Ingrid Jonker respectively. The aim of this study was to explore to what extent the films provide an opportunity to enhance technical readings about BPD and allow for the identification of diagnostic criteria in the personalities portrayed. Exploring the hardships of the female protagonists can be a compelling tool that can help clinical psychology interns understand the overwhelming effects personality disorders, specifically BPD, can have on the life of the individual's interpersonal relationships.

In the first step of the data collection process, the interns received a reading that provided the characteristics and diagnostic criteria of BPD. The researcher met with the intern clinical psychologists to not only hand out the reading personally, but also to use the

opportunity to establish rapport. A chapter on personality disorders was extracted from Gabbard's (2005) *Psychodynamic Psychiatry in Clinical Practice* to serve as the reading material. The reading was accompanied by a document that explained the aims and purpose of the study. After the interns had a week to read the chapter carefully and re-familiarise themselves with the contents, a session was arranged to watch the first film, *Sylvia* (Owen & Jeffs, 2003).

The screening was held in the tertiary psychiatric hospital. The interns chose to view the film in a large common area that was equipped with comfortable seating. Although the interns were aware that they were in a professional setting, they emphasised that they wanted to feel comfortable. The film *Sylvia* (Owen & Jeffs, 2003) was projected onto a large screen and speakers were used to deliver the sound. Before the film was shown, the researcher explained the aim of the study again and reminded the interns to keep the reading in mind while watching the film. During the film, the researcher noticed that the interns started to exchange ideas among each other in an informal manner. Some whispered comments of how certain behaviours reminded them of their own patients. The researcher also noticed how others became annoyed with certain actions in which the protagonists engaged.

The session was followed by a short break after which four carefully selected scenes from the film were re-shown. The purpose here was to help the participants to keep focused on the topic of BPD and give a brief summary of the contents and dynamics of the film. The clips also highlighted a specific diagnostic criterion or relational dynamic of BPD. Each clip lasted for approximately one minute. Subsequently, an open-ended questionnaire was handed out to the 15 interns and they were asked to complete it in the same session. Although the researcher reminded them that they were allowed to use the reading as an aid, the interns were also reassured that the aim of the exercise was rather focused on which aspects of the film were noteworthy to them in this context. There was no time limit to complete the open-



ended questionnaire. On average, the questionnaires were completed in 45 minutes. The same procedure was repeated for the second film, *Black Butterflies* (Van Gestel & Van der Oest, 2011), a couple of weeks later. The sessions were both held in the tertiary psychiatric hospital setting.

The content of the open-ended questionnaire was partially based on the activity proposed by Pearson (2006) and other pertinent literature. The interns were asked to link the information of the technical reading to the contents of the film and vice versa. The questionnaire was also reflective in nature, as there was a focus on the relational and emotional effects of BPD on the protagonist and on significant others associated with the individual.

After the open-ended questionnaires had been completed, six out of the 15 interns volunteered to conduct semi-structured interviews. These semi-structured interviews were more in-depth in nature than the questionnaire and probed into more profound topics derived from the answers given in the questionnaire. The interviews were held individually with the six volunteering interns and each lasted approximately 40 minutes.

The above outlined data collection method closely followed the typical IPA data collection procedures. As the study aimed to explore how the interns make sense of and perceive the films as instructional tools, it was necessary to employ flexible methods to collect the data (Smith & Osborne, 2003). Arguably, the most effective way of collecting analysable data for an IPA study is the use of semi-structured interviews as they enable an interactive dialogue between the participant and the researcher. They also give the researcher the freedom to adapt and modify the original questions as seems fit for each participant in order for novel topics to arise (Pietkiewicz & Smith, 2012; Smith & Osborne, 2003). With that said, other have also argued in favour for other data collection methods, such as focus groups (Brocki & Wearden, 2006) or diary entries (Larkin, Watts & Clifton, 2006).

Structured interviews were specifically excluded as a potential data collection method. Nonetheless, it is helpful to briefly compare and contrast the advantages and disadvantages of the structured interview and semi-structured interview. Smith and Osborne (2003) argue that the structured interview has three primary benefits, namely reliability, speed and maximum control. However, it is also true that a limitation of the structured interview is that it constrains the possible answers generated. It is thus highly possible that the researcher, focusing on a predetermined interview structure, is rendered blind to novel angles of the topic at hand (Smith & Osborne, 2003).

Smith and Osborne (2003), Cooper, Fleischer and Cotton (2012) and Pietkiewicz and Smith (2012) argue for the use of semi-structured interviews when conducting an IPA study. Here, the researcher prepares an interview structure, but the process of the interview does not strictly have to follow the predetermined structure. Rather, the prepared format serves as a helpful guideline, allowing the interviewer to be more flexible with regards to the specific order in which questions are asked. A further important feature of a semi-structured interview is that rapport is prioritised in order to foster a comfortable atmosphere for the participant. Taking these advantages into consideration, it becomes clear that semi-structured interviews allow the interviewer to have more freedom in moulding the interview according to the participant's specific concerns and interests (Smith & Osborne, 2003).

Taking the advantages and disadvantages of both approaches into consideration, the semi-structured interview seems to be more suitable for an IPA study. The researcher typically has an idea of the direction the interview might take and knows which questions to pursue (Smith & Osborne, 2003). Nevertheless, there is a clear intention of the interviewer to probe into the social and psychological world of the participant. Accordingly, the interviewee has a greater influence on the areas discussed and is encouraged to act as an expert on the topic at hand. Following this reasoning, it can be argued that the semi-structured interview

provides the participants with the desired amount of freedom to cover their unique experience, which in turn will produce a richer data set to be analysed (Brocki & Wearden, 2006). It is, however, always important to consider the limitations of any approach. With regards to a semi-structured interview, such limitations would include reduced control, extensive time and an analysis that is also costlier in time (Smith & Osborne, 2003; Pietkiewicz & Smith, 2012).

### **3.6 Method of Analysis**

Typically, an IPA study requires a highly detailed and intense analysis of the produced accounts of a relatively small sample size (Larkin et al., 2006). Various authors, including Willig (2001), Flowers, Smith, Sheeran, and Beail (1997) and Osborn and Smith (1998), have published a step-by-step guide on how to conduct an IPA analysis. When reading carefully through already published IPA studies it becomes clear that although one should follow general ground rules, a certain degree of divergence is always possible (Smith, Jarman, & Osborn, 1999). It is perhaps more fitting to then describe the analytic process not as a rigid method, but rather a flexible guideline (Larkin et al., 2006). Keeping this flexibility in mind, it should, however, be emphasised that the analytic processes have an essential aspect in common: a clearly stated focus on the phenomenological concerns of the individuals chosen for the study (Larkin et al., 2006). For this reason, it is crucial that the researcher approaches the collected data with the following intentions in mind.

Firstly, it is important to comprehend what it is like to be the individual, to clearly understand his or her personal world. Yet, in attempting this, it is necessary to remember that this goal is never completely achievable. In accordance with the interpretative paradigm, it is only possible to generate a psychologically informed third-person depiction of another person's experience (Larkin et al., 2006; Willig, 2001). Secondly, it is required of the

researcher to place this third-person description, which aims to represent the participant's world as closely as possible, into a wider cultural and social context (Larkin et al., 2006). Here, the researcher moves away from a mere description and begins the interpretative, speculative process to start thinking about the essence of what it means to be this person. The crucial point here is that the achievement as a phenomenological researcher does not lie in uncovering untwisted, or perfectly authentic, truths. Success rather depends on the researcher being willing to undertake the most responsive and sensitive methods he/she can and simultaneously acknowledging the inevitable methodological and epistemological limitations (Larkin et al., 2006). It is important to recognise that in this study, the analysis was not primarily focused on the nature of films as educational tools per se, but was rather concerned with the particular clinical psychology interns' understanding and experience of the films as educational tools.

In order for this interpretative process to be comprehensible for the reader, the analysis of the open-ended questionnaires as well as the semi-structured interviews followed the step-by-step guideline proposed by Smith, Flowers, and Larkin (2009). The analysis also took into consideration Jung's (1981) work and Hillman's (1998) contemplations about the link between archetypes and images, learning and archetypal experiences (Gramaglia et al., 2013). The importance of and connection to 21<sup>st</sup>-century learning skills, the creative learning spiral (Resnick, 2017) and the pedagogy of play proposed by Mardell et al. (2016) were also recognised in this analysis. Emphasis was placed on the value of experience (watching the film) closely followed by reflection (questionnaire and semi-structured interviews), ultimately leading to alterations in thinking that promote deep learning. In this sense, the interns were offered a vivid experience of psychopathology, with a chance for reflective observation and therefore a potentially a deeper understanding of the subject (Dave & Tandon, 2011).

In order to follow the IPA process as closely as possible and to take all non-verbal considerations into consideration when analysing the data, the researcher decided to capture all the data herself. The answers to the 15 open-ended questionnaires, which were filled out using a pen and paper approach, were captured electronically by the researcher. After the semi-structured interviews had been audio-recorded, the researcher transcribed all the recordings into a written format. This process was important as the researcher conducted the interview and hence had the most insight into the atmosphere and interpersonal connections with the interviewees. Moreover, the repeated listening and writing out of the audio recordings gave the researcher an opportunity to fully familiarise and, perhaps more importantly, internalise the different nuances of the interview contents. This transcription process led to the advantage that the researcher in later stages of the analysis was able to intimately engage with the data.

As mentioned above, the first stages of data analysis involved repeated exposure to the data on two levels. Firstly, as the researcher had to capture the responses of the open-ended questionnaires electronically, the contents of the answers were copied from one medium (paper) to another (computer software). This process may at first seem trivial, but it aided internalisation of the responses. Moreover, it gave the researcher a chance to re-connect with the participants if the handwriting was not decipherable or the content was unclear to the researcher. Re-engaging with the participants was important in order to be certain that what was captured mirrored the intended responses of the interns. If the aim of the study is to gain the closest, most intimate understanding of an individual's view – i.e. as in an IPA study – then the importance of this process becomes even more essential. Secondly, the semi-structured interviews were precisely transcribed. The tone of voice as well as hesitations were taken into consideration. The open-ended interviews and semi-structured interviews were

initially treated as separate samples and were analysed independently. However, at the end, the findings were synthesised.

After the initial stages of familiarisation with the data (through the writing-out and listening processes), careful reading of the responses and transcribed semi-structured interviews followed (Smith et al., 2009). Willig (2001) suggests that the researcher writes un-fixed thoughts, statements or comments in the margins of the text that represent her initial perception of the responses. These notes were suggested to be only moderately prescriptive in nature (Smith et al., 2009). The comments of the researcher in this early stage of analysis were instinctual and unorganised. The researcher focused primarily on initial thoughts that filled her mind while reading through the data.

After the researcher had familiarised herself with the texts by reading them several times and writing down un-focused notes, the next stage of analysis consisted of identifying and characterising developing themes (Willig, 2001). Smith et al. (2009) argue that these conceptual themes should encapsulate the essential nature of the texts. Taking this specific study into consideration, the quality, essence and nature of the clinical psychology interns' experience of watching *Sylvia* (Owen & Jeffs, 2003), and *Black Butterflies* (Van Gestel & Van der Oest, 2011) were taken into consideration. Willig (2001) adds that in this stage, psychological jargon can be used to generate the themes.

Thereafter, the primary concern of the research was to cluster the identified themes together and thus introduce structure to the analysis (Willig, 2001). It has proposed that at this point the researcher should cluster the themes either in a relational, oppositional, hierarchical or numerical fashion (Smith et al., 2009). Moreover, in order to capture the crux of these clustered themes, labels need to be given. These labels were chosen in this study by incorporating direct quotes from the interns that adequately represented the cluster. Alternatively, the researcher gave her own descriptive names (Smith et al., 2009).

Finally, the last stage of analysis was the development of a structured table of the summarised themes (Willig, 2001). Here, the researcher decided which themes identified in an earlier stage could perhaps be excluded because they would only play a marginal role. Inevitably, the researcher used her discretion, personal beliefs and worldviews in deciding which themes were relevant to the phenomenon of the current study (Willig, 2001).

### **3.7 Trustworthiness of Data**

To ensure the trustworthiness of the data in this study, Lincoln and Guba's (1985) constructs of trustworthiness for qualitative research were considered. These constructs have over time won noticeable favour (Golafshani, 2003; Houghton, Casey, Shaw, & Murphy, 2013; Shenton, 2004) and will constitute the focus of this section.

#### **3.7.1 Credibility**

Credibility forms the first construct of trustworthiness. According to Shenton (2004), certain provisions should be made in order to ensure that the phenomenon being explored is accurately reported. With regard to this specific study, credibility refers to the assurance that the collected data from the open-ended questionnaires and semi-structured interviews truthfully and accurately represent the role of films as educational tools.

The researcher established credibility by means of data triangulation (Lincoln & Guba, 1985). Triangulation may be defined as the incorporation of more than one data collection method when exploring a phenomenon in order to increase the research's credibility (Barbour, 2001; Golafshani, 2003; Hussein, 2009; Lincoln & Guba, 1985). Triangulation specifically addresses the issue of internal validity often put forth by more quantitatively oriented studies (Barbour, 2001). Bearing this in mind, it is, however, equally important to understand that data triangulation in qualitative research is not merely a

technique for affirming credibility of a study (Lincoln & Guba, 1985). Taking this specific study into consideration, such an assumption would suggest that a shortcoming of the first data collection method, the open-ended questionnaire, is thought to have been remedied by the semi-structured interviews. Lincoln and Guba (1985) argue that this is not the purpose of qualitative data triangulation. Instead, the researcher of this study incorporated the semi-structured interviews with the intern clinical psychologists as a further means of providing a rich, vigorous and comprehensive account of their experience, aimed at complementing and augmenting the questionnaires (Lincoln & Guba, 1985; Shenton, 2004). Utilising more than one data collection method thus promoted a more profound understanding of the proposed films as educational tools (Lincoln & Guba, 1985).

### **3.7.2 Transferability**

Furthermore, the researcher considered the second construct of trustworthiness, known as the transferability of this study. Lincoln and Guba (1985) define transferability as the relevance of a specific study in other contexts. In order to make sure that the findings are transferable, or applicable, to similar environments, the phenomenon needs to be explored comprehensively and in detail. Holloway (1997) states that thick descriptions are particularly important as they allow the researcher to become familiar with the specific social bonds or relationships within the environment and puts them into context. Ensuring trustworthiness means that the findings of this study may perhaps be equally applicable in other contexts, other times or with other individuals.

In addition to providing a highly detailed account of the research context, participants, methodology and analysis, the setting chosen for this study is an important consideration. As a psychiatric institution often used by universities as a teaching hospital, this location provided an environment that can be applicable and transferable to other public psychiatric



institutions offering internships. Moreover, by means of a literature control, the researcher linked the research findings to the theory in order to seek similarities or contradictions.

### **3.7.3 Dependability**

The third construct of trustworthiness developed by Lincoln and Guba (1985) is referred to as dependability and is often defined as a certain consistency, or opportunity for a study to be repeated. However, the ever-changing character of qualitatively studied phenomena shifts the focus of the ability to conduct an exact replication of the research, found mostly in quantitative studies, to a rich description of the study (Marshall & Rossman, 1999). Instead, the researcher included an audit trail of the raw data collected for the study, including interview extracts in order to ensure transparency (Tracy, 2010).

Several other ways have been developed to ensure dependability in qualitative research. External auditing, for example, may be used to offer an outsider the opportunity to check the proceedings and results of the study (Cohen & Crabtree, 2006). This technique is based on the presumption that an absolute reality or truth can be established by the researcher and in turn can be validated by an external auditor (Cohen & Crabtree, 2006). As the study follows an interpretivist paradigm, which is guided by the idea that an absolute truth does not exist and that reality is rather co-created, the researcher initially decided against the idea of using an external co-coder to independently interpret the data.

Indeed, difficulty could arise when trying to compare the findings of the two analyses. Cohen and Crabtree (2006) suggest that a procedure like this may cause a confusion when dealing with opposing interpretations of the same phenomenon. However, closer consideration of the question whether the open-ended questionnaires and semi-structured interviews should be co-coded opened the possibility of gaining significantly higher levels of data trustworthiness with specific reference to dependability. Hence, the researcher decided

to hire a professional co-coder to conduct analysis on the data independently from the researcher.

The co-coder for this study was carefully selected. An independent research consultant was hired based on her extensive knowledge on qualitative data analysis as well as her expertise on the poet Sylvia Plath. This attribute was essential as the researcher was assured that the consultant had insight into the intricacies of her personality portrayed in the films. Prior to the start of data analysis, the co-coder had access to the films *Sylvia* (Owen & Jeffs, 2003) and *Black Butterflies* (Van Gestel & Van der Oest, 2011). She also was provided with the research questions and literature review of this study.

The co-coder, in her capacity as an independent research consultant, co-coded and themed the qualitative data for this study. She declared that she reached consensus with the researcher on the major themes and sub-themes arising from the coding of the data (see Appendix I), confirmed during discussions with the researcher.

#### **3.7.4 Confirmability**

Finally, throughout the study, the researcher recognised the importance of confirmability (Lincoln & Guba, 1985), or sincerity, as Tracy (2010) terms it. This concept specifically refers to the researcher's responsibility to remain, if not completely neutral, at least continuously aware of possible subjective biases, values or personal inclinations that might influence the study (Tracy, 2010). Doing so means that the extent to which the findings of the study are influenced by the researcher's personal beliefs and not the participants' can be minimised (Cohen & Crabtree, 2006). By means of self-reflexivity in the form of a journal, the researcher incorporated steps to remain authentic and honest with her study as well as her readers (Tracy, 2010). Supporting this argument, Creswell (2007) emphasises that especially in phenomenological research, the accuracy and authenticity of the transcripts are

essential as the interpretive paradigm suggests the existence of multiple realities. It is therefore vital that the researcher remains aware of her own reality in order to avoid subjectivity and unhelpfully shaping the reality of her participants.

### **3.8 Ethical Considerations**

As the study is qualitative in nature, the researcher was deeply involved with the participants' personal, if not intimate, beliefs, values, ideas and thoughts. Naturally, this involvement raises ethical concerns that should be considered not only after the research has been conducted but also before and during the execution of the study (Thomas, 2010).

In considering these issues, the researcher consulted Tracy's (2010) criteria for qualitative quality, where the author also addresses ethical considerations. The researcher specifically chose this approach as it is adequately embedded in qualitative research. Various sources surrounding the trustworthiness and ethics of studies are still deeply rooted in a digits-based quantitative framework (Tracy, 2010). Tracy's (2010) approach to qualitative trustworthiness and ethical considerations provides valuable insights into procedures particularly for qualitative research.

Tracy (2010) proposes that procedural ethics should be followed. Firstly, ethical arrangements should be made with the specific institutions or organisations (Tracy, 2010). This study is closely aligned with the ethical guidelines of the University of South Africa and ethical clearance had been granted before commencement of the study (see Appendix A). Moreover, the Department of Clinical Psychology at the tertiary psychiatric institution granted ethical permission to conduct the research in the proposed setting (see Appendix B). The head of department confirmed that the researcher had provided him with a protocol regarding the proposed study on the role of film in enhancing training intern psychologists understanding of BPD. Furthermore, the head of department declared that he would be

willing to assist and provide the researcher with the permission to approach the interns as potential participants for her study.

Tracy's (2010) proposes procedural ethics also include protection of the research participants and their right to be informed about the magnitude and possible outcomes of the study. The participants in the current study were made aware of the fact that their involvement in the study was completely voluntary and that they were under no obligation to take part in the research (Tracy, 2010). The interns received an information letter prior to the study explaining the content and purpose of the research and how it forms part of cinema education (Alexander et al., 2005). By signing this information letter, the interns gave their informed consent to participate in the study.

The study posed minimal foreseeable risks. Nonetheless, the researcher understood that film scenes or topics discussed could perhaps be distressing for some individuals. However, the researcher specifically chose clinical psychologists-in-training who were at the end of their 12-month internship working in a psychiatric hospital. The participants have had extensive training not only in the form of theoretical coursework but also had experience dealing with and providing psychotherapy to individuals presenting with various forms of psychopathology. It was highly unlikely that the films and discussion thereof would be the participants' first encounter with BPD. Being in a psychiatric environment and dealing with issues surrounding psychopathology on a daily basis reduced the risk that the participants might have found the films severely distressing.

However, in the case that an individual found certain scenes of the films severely emotionally or psychologically distressing or discomforting, debriefing services were offered and made available. As a student of research psychology, the researcher's scope of practice set out by the Health Professions Council of South Africa is to apply psychological research methods and not provide psychological counselling services. The researcher is not qualified

to provide psychological intervention and would have referred individuals for counselling or therapy in the unfortunate event that any discussed topics or film scenes may have caused psychological distress. Participants would have been provided with referral details to the Unisa Psychotherapeutic Clinic.

According to the knowledge of the researcher, none of the interns made use of the offered psychological counselling services. After the data collection process was completed, the researcher did not have the impression that the participants were worryingly distressed. However, in accordance with the importance of continuously reflecting on one's ethical behaviour not only before the data collection process but staying ethically aware also during and after the data has been collected, the following should be considered: even though there were only minimal foreseeable risks for the participants of this study, the researcher should not underestimate the influence a study could potentially have on the participants. Based on this observation, the researcher noted the following:

“I underestimated the effect the films *Sylvia* (Owen & Jeffs, 2003) and *Black Butterflies* (Van Gestel & Van der Oest, 2011) would have on some of the participants. I began the data collection stage of my research with the understanding that my participants had extensive training in the field of psychology, particularly with regards to psychopathology. Not only had they completed their Master's course work and had previous practical experiences, but they were also currently working in a tertiary psychiatric hospital giving therapy to patients presenting with mental disorders on a daily basis. Bearing the academic and practical background of the interns in mind, I would have not thought that the films would be distressing for them. Perhaps I should have reconsidered the potential influence the films might have on the participants. I purposefully use the word “influence” and not “harm.” I do not believe

that I have harmed the interns in any way by showing the two films. However, I am aware that the showing of the films might have emotionally overwhelmed some of the interns. This reaction is something I could not have foreseen owing to my knowledge of the extensive training the interns had prior to this data collection. I would like to incorporate a few verbatim quotes of the participants:

- “The music soundtrack was always incredibly heavy and dramatic to the point where it was depressing and overwhelming.”
- “I assume this is how a BPD sufferer feels on a permanent basis.”
- “The movie elicited anxiety in me seeing her anxiety.”

The above quotes from the participants illustrate something quite powerful. The emotions that were conveyed in the films were rather intense, which could have had an impact (influence) on the interns. The depressing music and scenery of course added to this effect. One participant stated that he was constantly aware of the minor chords in the music. Another shared that she would now “take this heaviness home.”

Owing to the schedule of the hospital, both films were shown on a Friday. Some interns stated that they would have not wanted to see such films on a Friday as it would influence their mood over the weekend. Fridays were supposed to be happy and cheerful days. This observation made me, as a researcher, think about the following: Was this not exactly what I was searching for? They now know what it is like to permanently feel like a person with BPD. I thought to myself, these “intern clinical psychologists were shocked by the realisation that this was the reality of people with BPD.” They still did not truly understand what it feels like to suffer like this. They had not fully grasped just how traumatising it can be for an individual with BPD symptoms and how much suffering it actually involves. Have they not yet experienced this reality? Should a clinical psychologist ever experience this reality to

optimally help a person with BPD? Can films form a medium for clinical psychologists to come very close to this experience? If even the heaviness of a film was something too heavy to deal with, how can you then **truly understand and empathise** with another human being?

With these questions in mind, I re-considered my ethical responsibility as a researcher and re-evaluated the potential “risk” to which I had exposed the interns. I consequently weighed out whether this really formed a “risk” to the participants’ well-being or whether they had merely gained a deeper understanding of BPD and ability to empathise. Most of the participants shared with me that they found the reading prior to the films incredibly insightful and helpful. They had clearly grasped concepts with which they had previously been struggling (Kernberg’s theory was often mentioned). They felt safer in their cognitive knowledge as the reading showed them a completely new perspective on BPD. Finding the reading useful, some participants went even a step further. For example, one said: “the movie provides a lived experience.” Another indicated that “The music visual effects etc. made it real – you live yourself into depression etc. as if it is your own.”

The above argument is important for this study for two perhaps contrasting reasons: On the one hand, quotes such as “you live yourself into depression etc. as if it is your own”, “The movie elicited anxiety in me seeing her anxiety” or “the movie provides a lived experience” give insight how films can be used as a medium to “really feel what another person is feeling,” which promotes a better understanding of the disorder itself. It is also in line with the interpretivist paradigm. The interns came close to understanding the reality and truth of another person – some of them even said that it felt as if it were their own depression or anxiety. On the other hand, it forces the researcher to at least be aware of the ethical considerations and influences the data

collection process can have on the participants not only before the start of the study, but during and afterwards as well.”

Throughout the study the participants’ personal information was kept confidential. Although in-vivo quotations were used, all identifying material about the interns were removed from the transcripts and write-up. As the researcher decided to incorporate a co-coder to analysis the data collected, precautions were made to protect the identity of the participants. A confidentiality agreement and clause between the co-coder and the researcher was signed (see Appendix J). As a research consultant, the co-coder understood that she has access to confidential information. By signing the attached statement, she indicated her understanding of this responsibility and agreed to the following:

She understood that all information obtained or accessed by her in the course of her work is confidential and she agreed to not divulge or otherwise make known to unauthorised persons any of this information, unless specially authorised to do so. She furthermore understood that the names and any other identifying information about study sites and participants are completely confidential. She agreed to use the data solely for the purpose stipulated by the researcher. Moreover, she agreed to maintain the confidentiality of the data and keep the data in a secure, password-protected location. Lastly, it was recognised that data will be stored for a period of approximately six years by the researcher, after which time it will be deleted from the hard drive using a secure application that renders the file unrecoverable.

Tracy’s (2010) situational ethics, which refer to ethical practices that are embedded in being cognisant of the very specific circumstances surrounding that study, are also important. A research study should not only be guided by institutional laws but also by context-specific reasoning (Fletcher, 1966). It is the researcher’s responsibility to acknowledge that each



research setting is unique. Reflections and critical thinking surrounding the researcher's ethical decisions and methods are essential in terms of the overall goal of the study (Tracy, 2010). In order to meet this criterion, the researcher kept a reflective journal.

Furthermore, Tracy's (2010) relational ethics were considered. Relational ethics can be defined as ethical mindfulness or cognisance in which the researcher remains aware of her own disposition, behaviours and consequences on other individuals. This process includes a certain degree of respect and connectedness from the researcher's side, as the research instrument, towards the research participants (Tracy, 2010). In this study, the researcher made sure that the interns were allowed to assist in forming the rules of the study, which meant that a form of interdependence between researcher and participants was emphasised.

The incorporation of semi-structured interviews, as opposed to structured interviews, gave the participants the freedom to give responses without being forced in any particular direction by the interviewer. Moreover, there was an opportunity for the interns to explain their written answers more clearly if they were unclear to the researcher. By means of the semi-structured interviews, the participants could speak in more depth about the answers given in the open-ended questionnaire, which ensured that the responses were correctly understood by the researcher.

The fourth ethical criterion defined by Tracy (2010) is referred to as exiting ethics and is specifically concerned with the time frame after data collection and the manner in which the researcher shares the research findings. A summary of the findings will be provided to the participants and the dissertation will be available on Unisa's online institutional repository. The researcher took into consideration how to present the findings in the best way possible to prevent any unintended or unrightful consequences (Tracy, 2010). To avoid any wrong interpretations or misuses of the research findings, the researcher included a section on the

limitations of the study along with any cautions regarding possible misappropriation of the results (Tracy, 2010).

### **3.9 Conclusion**

The third chapter of the current qualitative study discussed the methodological framework. The interpretivist paradigmatic underpinnings were explored, as were the purposive sampling strategies that were employed to recruit the intern clinical psychologists from the tertiary psychiatric hospital. Thereafter, the data collection process and the use of questionnaires and semi-structured interviews were described. This section was followed by an overview of the data analysis method executed by the researcher. Finally, the trustworthiness of the data as well as the ethical considerations were detailed. The next chapter will focus on the findings and discussions of the study.

## **Chapter 4: Findings and Discussion**

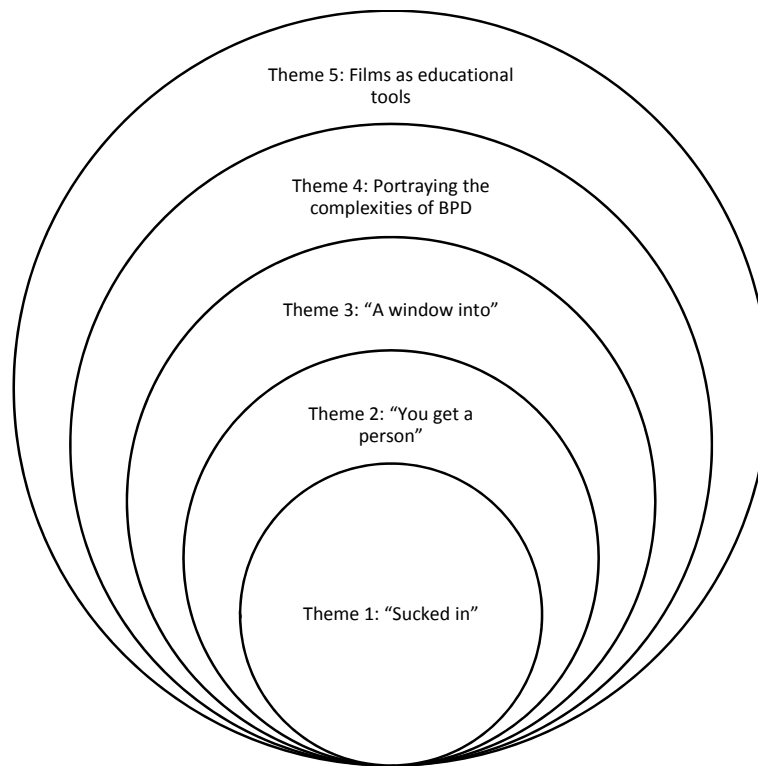
### **4.1 Introduction**

The analysis of the data resulted in the identification of five major themes and their respective sub-themes. The data was analysed in a bottom-up approach using inductive analysis. Coding was applied to the 15 questionnaires and the six transcribed interviews following the step-by-step guide of IPA proposed by Smith et al. (2006). Although the analysis was conducted inductively, the researcher also made deductive inferences from the data based on Jung (1981), as well as Hillman's (1998) contemplations about the link between archetypes and images, learning and archetypal experiences (Gramaglia et al., 2013). The importance of and connection to 21<sup>st</sup>-century learning skills, the creative learning spiral (Resnick, 2017) and the pedagogy of play developed by Mardell et al. (2016) were also taken into consideration while analysing the data. Finally, the analysis of the data was also guided by the research question: How can films aid the understanding of the dynamics of BPD?

### **4.2 Themes and Sub-themes**

Before delving into a detailed discussion of the five themes and respective sub-themes, the reader's attention will be drawn to the order in which the themes are grouped. The themes should not be viewed in isolation from the other themes. Rather than perceiving the themes as static or alien, the researcher has analysed them in a fashion that permits fluidity and connectivity. The themes are all in relation to one another and merge together. As such, the themes overlap. Although specific sub-themes link to other sub-themes, the researcher explains the decision process of placing them under main themes. To both remain true to the data as well as fulfil the epistemological commitments of this study, which is to explore how films can aid the understanding of the dynamics of BPD, the order of the themes have been structured in an inside to outside fashion as layers of experiences.

Staying true to the interpretivist paradigm of gaining the closest possible understanding of another human being's thoughts and feelings, the first theme focuses on gaining insight into the intern's experience of being "drawn into" the lives of the characters. The interns personally connected to the characters within the shown films. Here, the interpretivist paradigm has a double function. Firstly, the researcher gains an understanding of the interns' reality and secondly, the interns express how they experience the reality of the film characters. The second theme moves slightly more outward. It encapsulates the experience using the two films as educational tools from another layer. Here, the experience moves slightly away from the inside. The interns described what it is like to feel what another person is feeling. This second theme is different from the first layer because self-awareness is more present. The third theme represents the third layer. It gives a window into a picture of what really happened for the participants when watching the films, providing insight into how individuals with BPD behave in their social settings. Here, the educational purposes become prominent as the theme also encapsulates how films form a fusion between entertainment and education. The fourth theme moves even more towards the educational aspects, providing a broader understanding of how the films portray the complexity of BPD. Finally, the fifth theme forms the outer-most layer and deals specifically with the question of how films were experienced as an educational tool by the interns.



**Diagram 4.1 Themes – From Internal to External**

**Table 4.1 Themes and Sub-themes**

Themes	Sub-Themes
Theme 1: "Sucked in"	<ul style="list-style-type: none"> <li>• "You become part of their story": Making a personal connection with the characters and their struggles</li> <li>• "It hits you more emotionally": Enhancing the cognitive learning experience with films</li> </ul>

	<ul style="list-style-type: none"> <li>• “Stuck with me”: The lingering memories of film scenes and how these memories may impact future treatment of BPD patients</li> </ul>
Theme 2: “You get a person”	<ul style="list-style-type: none"> <li>• “It becomes real”: Experiencing the human side of BPD</li> <li>• “In the main character’s shoes”: Stirring up empathy and compassion through emotional connection and understanding</li> <li>• “You can actually feel the symptoms”: Vicarious experience of BPD symptoms through film techniques</li> </ul>
Theme 3: “A window into”	<ul style="list-style-type: none"> <li>• “A picture of what really happened”: Providing insight into how individuals with BPD behave in their social settings</li> </ul>

	<ul style="list-style-type: none"> <li>• “Climbing out of your clinical shoes”: Creating distance from the role of therapist</li> <li>• Linking BPD symptoms to real-life scenarios: Films as a fusion between entertainment and education</li> </ul>
Theme 4: “Portraying the complexity of BPD”	<ul style="list-style-type: none"> <li>• “We [mistakenly] assume that all borderlines are the same”: Revealing how BPD symptoms can manifest differently across individuals</li> <li>• “Going below the surface”: Moving beyond the explicit level of BPD</li> <li>• “Painted a better picture”: Gaining insight into the complexity and intensity of BPD</li> </ul>
Theme 5: “Films as educational tools”	<ul style="list-style-type: none"> <li>• From the abstract to the “concrete”: Utilising films to augment course learning material</li> </ul>

	<ul style="list-style-type: none"> <li>• “A primer of what to look for”: Reading preparation before and having a group discussion after viewing to increase the educational value thereof</li> <li>• “Condensing...diagnostic facets”: Highlighting aspects of BPD through the use of film clips</li> <li>• “Overemphasising for theatrical effect”: Possible disadvantages of utilising films for educating about mental health disorders</li> </ul>
--	---

#### 4.2.1 “Sucked in”

This theme was created from the three sub-themes laid out in **Table 4.2** below. The theme is closely linked to the suggestion by Wedding et al. (2010) that the viewer is likely to forget about his/her immediate surroundings as he/she is engrossed in the temporarily created world of the cinema. Each sub-theme is indicative of the two films’ ability to draw one in, to cause one to emotionally connect with characters and the lingering effects of this deeper connection. The theme encapsulates the more personal connection towards the characters the interns felt when watching the films. Viewing the films and being “sucked into” the stories of



the protagonists and other characters is symbolised as the inner most circle of **Diagram 4.1**.

Central to this theme is Jung (1981) as well as Hillman's (1998) associative link between images and archetypes, learning and archetypal experiences (Gramaglia et al., 2013). The dynamic images, as noted by Torre (as cited in Gramaglia et al., 2013), of the films *Black Butterflies* (Van Gestel & Van der Oest, 2011) and *Sylvia* (Owen & Jeffs, 2003) had an instantaneous suggestive power on the interns and were thus especially appropriate in provoking emotional engrossment and inciting unconscious processes and complexes.

**Table 4.2 Theme 1: "Sucked In"**

4.2.1 "Sucked in"	<p>4.2.1.1 "You become part of their story": Making a personal connection with the characters and their struggles</p> <p>4.2.1.2 "It hits you more emotionally": Enhancing the cognitive learning experience with films</p> <p>4.2.1.3 "Stuck with me": The lingering memories of film scenes and how this may impact future treatment of BPD patients</p>
-------------------	--

#### 4.2.1.1 “You become part of their story”: Making a personal connection with the characters and their struggles

The interns described their feelings of personal connection to Ingrid Jonker and Sylvia Plath. They felt saddened and weighed down by their life-stories. The interns were able to strongly identify with and relate to the main characters and other characters in the film. This sub-theme is linked to and overlaps with **sub-theme 4.2.2.2** in that connecting with the characters evokes empathy for those diagnosed with BPD and a sense of feeling what they feel. It also links with **sub-theme 4.2.2.3** in that personally connecting with the characters on this deeper level resulted in the participants vicariously experiencing their struggles related to BPD. It further overlaps with **sub-theme 4.2.3.2** in that the participants were able to forgo their notion of being detached as a clinician when entering into the lives of the characters.

Interestingly, most of the participants were not familiar with the American poet Sylvia Plath. This adds a significant angle to the study as the interns learned something new, not only from a deeper-learning perspective, but also in respect to the influential poet Plath. Participant A stated that watching the film *Sylvia* (Owen & Jeffs, 2003) urged and inspired her to read up on her life story. In connecting to Plath on a personal basis, she could also connect to her struggles. She noted the following:

“It was **more just personal**. I just felt... **I just felt very sad** after the first film. And I actually **went and looked up her life**.” (IA)

Being able to connect to the films’ characters on a personal level leads back to Jung’s (1916) notion of a collective unconscious and instinctual archetypes that are communal in nature. These collective phenomena are universal (Jung, 1916). As such, psychologists, as fellow human beings, should be able to feel what their patients are feeling. If all humans

share a universal, collective unconscious, psychologists should be able to connect and empathise with various individuals, no matter how different their life stories may appear to them at first glance. In sharing a collective unconscious, human beings have the potential to understand each other on a personal basis.

When this collective unconscious of the interns was primed by the films, the participants were able to connect to the characters on a personal level. This finding is similar to those of Gramaglia et al. (2013) in their proposal that certain films focus on allowing the viewer to consider and reflect on their shadow sides. The interns were able to identify with Sylvia and Plath and feel what they felt. The suffering and hardship of both protagonists, as well as the participants' own patients with BPD, were not so abstract anymore. Having a personal connection to these characters helped the participants think of them as fellow human beings rather than only as clinical patients. In connection with the aspect of seeing someone with BPD primarily as a human, sharing a communal collective unconscious, having the same *a priori* archetypal images, and only secondarily as a patient, Participant A mentioned the following:

“You know, almost just, it’s like you’re watching a movie and you just get sucked in...

**I wasn’t thinking of her as a therapist.” (IA)**

In connection with Gramaglia et al.’s (2013) proposition that certain films allow the viewer to consider and reflect on their shadow sides, Jung (1954/1969) describes the shadow of every human being to be the inferior part of their personality. The more an individual deals with his/her shadow sides on an unconscious level, the closer he/she is to human wholeness. Similarly, the more an individual is oblivious to their shadow of his/her personality, the darker and more complex this shadow will be (Jung, 1946/1969). Following this approach,

the participants of this study had an opportunity to reflect on their own shadow. To illustrate this argument, Participant F stated the following in the interview:

“Ingrid's father. Uh! Ja, he irritated me. He irritated me! I got that sense... he stood out to me but ja, not in a good way. Ja, **I was just like... I understand why Ingrid is the way she was. And, why she behaved the way she did.**” (IF)

Participant F expressed her feelings of closely relating to Ingrid Jonker's behaviour. She voiced experiencing great insight into the reasoning behind Ingrid's actions and why she behaved the way she did. Participant F's response almost suggests that if she had had a similar upbringing with such an authoritative and controlling father, she would have probably behaved in a similar fashion to Ingrid. This is an important observation as it shows how the participant could not only relate to the character on such a personal basis but was also able to understand her drastic or unhealthy behaviour and link it back to her childhood and especially her relationship to her father. Participant C expressed something similar in his interview:

“It has made me very aware to look out for that **in my own life.**” (IC)

Here, Participant C shares the same view with Participant F. However, there is a slight, yet important, difference. Participant F expressed that she understood why Ingrid behaved the way she did and if she had had the same father, she probably would have behaved in a similar fashion. Participant F understood the complexity and severity of both protagonists' position just as much. However, he was also concerned that he needed to be aware of people like that in his own private life. He mentioned in a previous statement that he had actually had a former girlfriend who now reminded him of both Jonker and Plath. The

connection between the sentiments expressed by Participant F and Participant C is a notable one. In both instances, the films provided a platform for the interns to come in contact with their shadow and thereby make sure that their own shadow is more strongly embedded in their conscious thought.

“... **you kind of become part of their story**, in a way. You become their partner, **you become them**, in a way. Because you associate with them.” (IE)

“... while I was watching the movie, it was like, at some stage I was like lost? And, then at another stage **I was Ingrid** again.” (IF)

Guggenbühl-Craig (1999) argues that these unconscious sides of a person's personality have the potential to emerge as part of the shadow side of power in the helping professions. Aspects such as power and authority can at times lead individuals within the health professions to fluctuate between an electrifying invincibility (“I can do anything”) and an overpowering feeling of responsibility (“everything depends on me”). Guggenbühl-Craig (1999) describes both the scenarios as risky and unhealthy because they disregard the value of the patients' part and neglect the importance of relationships.

In this case, the interns gained a deeper understanding of their shadow as they expressed their thoughts of understanding that all people are primarily connected by an underlying humanness. The behaviours of Ingrid Jonker and Sylvia Plath, via film portrayals, became more personal and the participants experienced the diagnostic criteria of BPD on a more humane level. The actions of the characters became traceable and comprehensible. Participant C mentioned that he wanted to look out for these patterns in his own life.

Participant F could associate with Jonker as she concluded that this could happen to anyone growing up with such a controlling father.

Linking this back to Guggenbühl-Craig's (1999) statement of films' capacity to unravel the dynamics of power and authority in the helping professions, the interns could reflect on their relationship with their patients. The films brought the interns somewhat closer to people with BPD as they not only saw Jonker and Plath as individuals with a disorder, but first and primarily as deeply human. Acting out in ways demonstrated by the protagonists could also happen in their lives if they were in similar circumstances. In this sense, the naturally occurring power relationship between patient and therapist can be somewhat diminished.

"... the difference the films introduced was your experience. You know, **mutually experiencing what was going on there.**" (IB)

"... visual portrayals make the experience more **personal.**" (QJ)

"... they give you that **personal view** into their lives. So, **that heaviness stayed with me** with both of them – Sylvia and Ingrid Jonker's experiences." (IE)

#### 4.2.1.2 "It hits you more emotionally": Enhancing the cognitive learning experience with films

Participants expressed that, in contrast to learning about BPD from a textbook, watching the two films invoked a strong emotional reaction and engaged their senses more. This sub-theme is closely linked to and overlaps with theme 5, as the added emotional component evoked by films is a large part of their usefulness at enhancing the learning

process. This sub-theme is closely linked to Torre's (as cited in Gramaglia et al., 2013) approach of incorporating dynamic images as educational and emotional stimulations. According to this method, dynamic images, such as those found in the films *Black Butterflies* (Van Gestel & Van der Oest, 2011), and *Sylvia* (Owen & Jeffs, 2003), have an instantaneous suggestive power on the viewer and are thus especially appropriate for provoking emotional engrossment and inciting unconscious processes and complexes. Participants D and A expressed the following:

“When you are **engaging more senses**. You're listening, watching and whatever, so I think learning-wise it will also be beneficial.” (ID)

“...if you had them with you [diagnostic criteria], you could definitely watch the film and tick them off. I mean they were there. But, **I think the emotional side...**” (IA)

“...**all the senses**. It's less academic. So, **it's just more emotional**. It's more **experiential**.” (IA)

This practice of experiencing the characters' hardships and “putting yourself into their shoes” can turn into concrete knowledge, both from a cognitive perspective and, perhaps more significantly, an emotional perspective (Torre, as cited in Gramaglia et al., 2013). To illustrate this, Participant B mentioned the following:

“So, that **emotional component** as opposed to **just cognitively imagining** what it must be like to encounter someone with a borderline personality.” (IB)

Similarly, Izod (2000) states the importance of emotions evoked in films. Emotions have the potential to disrupt the equilibrium of the psyche when individuals are viewing films. However, the feelings that are evoked when engaged in a film are tied to a virtual reality and hence create a safe environment for the viewers. In this safe environment, the individuals are given an opportunity to deepen their self-awareness and gain a more profound understanding of a certain topic (Izod, 2000; Powell et al., 2006). This practice also allows for Resnick's (2017) notion of "tinkering" as the characters in the films are not real patients but rather exist in a virtual reality. As such, interns can be engrossed in a tinkering approach, which is characterised by an experimental, playful and iterative style of engagement. The interns can continually reassess their diagnosis, explore new paths and image new possibilities. In many educational settings, tinkering is often undervalued. Yet, it is exactly what is needed to aid learners of all ages to prepare for modern life (Resnick & Rosenbaum, 2013).

"... if you go through the whole cognitive learning and then you sit and watch the film and **it hits you more emotionally**. And, this is what happens when these clients are sitting in front of you." (IC)

"... learning-wise that's already enhancing because **you are then integrating more senses**." (ID)

Being able to learn something not only from a cognitive perspective but also from an emotional side links to Torre's (as cited in Gramaglia et al., 2013) emphasis that film as an educational tool can be employed to explore and learn more about the feminine (anima) that resides in every human being. Jung's (1948/1969) so-called feeling function can be unlocked.



Jung (1948/1969) proposes that the work on one's feelings and emotions is crucial. The awareness of one's emotions is just as important as being able to feel them. The feelings evoked by a certain situation, such as a film, allow a more profound understanding of the situation itself. The anima empowers individuals to feel emotions, to receive emotions and to cry (Jung, 1937/1969). The anima enables individuals to focus on various details and different shades. It supports the differentiation between values contingent with the feeling function. A deep understanding of pain, caring and meaning all depends on the activation of one's anima.

Gramaglia et al. (2013) emphasise that it is this feelings function, not the thinking function, which enables us to recognise and organise human values. Cognitive and intellectual functioning are unquestionably important in their own aspects. However, they can create uncertainty when having to understand human values (Jung, 1948/1969). Hence, the anima allows individuals to arbitrate between the unconscious and the conscious and, most importantly, to give significance, value and sense to facts (such as learned in textbooks), so that they can be turned in into real-felt experiences (Jung, 1948/1969).

#### **4.2.1.3 “Stuck with me”: The lingering memories of film scenes and how this may impact future treatment of BPD patients**

Participants repeatedly used the phrases “stuck with me” or “stayed with me” when referring to the lingering effects certain scenes had on them. This sub-theme links to theme 5, as this lasting impact that films can have on one may improve long-term retention and deeper understanding of mental health disorders. As participant A points out, it also prompted further interest in and investigation of one of the characters. She had previously not been familiar with the poet Sylvia Plath and became intrigued by her story. Participant A also mentioned how she could empathise with the despair and hopelessness that Ingrid and Jack

Cope experienced in the car scene. Participant A felt deeply moved by the South African apartheid setting of the film *Black Butterflies* (Van Gestel & Van der Oest, 2011). She felt saddened by it.

“I just felt so sad about apartheid just because of that whole scene. So, that kind of **stuck with me.**” (IA)

“... that kind of hopelessness that they felt in the car... That kind of **really stuck with me.**” (IA)

“I actually went and looked up her life.” (IA)

Interestingly, recurrent aspects that came up when coding for this theme were relational dynamics and conflicts depicted in the films. Films can help interns go beyond identifying diagnostic criteria and assist them in constructing a psychodynamic formulation of patients (Böhmer, 2011) and an interactional formulation of patients (Vorster, 2011). Films have the power to graphically depict the aetiological pathways that lead to the occurrence of BPD such as the invalidating experiences of BPD patients in their personal history. The interpersonal relationships both protagonists, Ingrid and Sylvia, had not only with their partners but also their father figures prominently stood out here. Participant A mentioned that it really “stuck with” her how Ingrid questioned her father, Abraham Jonker, as to why he kept making her feel so worthless. Participant E also recalled a scene involving Ingrid’s father that stood out for her. It is a scene towards the end of the film depicting Abraham Jonker in the childhood room of his daughter. In this scene, he is surrounded by Ingrid’s

poetic musings on the walls and one wonders whether he is “for the first time acknowledging his part” (IE) in the suicide of his daughter.

Participant E mentioned a scene in *Sylvia* (Owen & Jeffs, 2003) where the protagonist, shortly before her suicide, visits the old man in her apartment block. In her desperation, she is portrayed as seeking comfort, acceptance and reconciliation from a man she might confuse with a father figure. She tries to explain her suffering to the old man, but he “just doesn't know what she's going through” (IE). He cannot comprehend that this woman is suffering tremendous hardship. Similar to Ingrid, Sylvia was seeking comfort and acceptance from a father figure. The importance here of a father figure is in line with Ross and Faverno's (2002) notion that the need for such a figure is especially acute when there has been a lack of a real father to fulfil and slowly disappoint the child.

“I think Ingrid's insights **really stuck with me** when she said to her father ‘Why do you always try to make me feel so worthless?’ (IA)

“... at the end where her father is in the room, her old room... The writing's on the wall and he's just... maybe for the first time acknowledging his part in it. **That was very sad for me. That stood out for me.**” (IE)

“... when Sylvia goes up to the guy upstairs and she kind of tries to tell him what's happening. And he just doesn't know. He just doesn't know what she's going through. He doesn't know that this is a diagnosis. This is serious. So, **that stood out for me.**” (IE)

A further aspect that stood out in this theme were the interpersonal dynamics between the main characters and their partners, who are the protagonists' attachment figures in adulthood. The lingering memories of these film scenes may impact future treatment of patients with BPD. What stood out for Participant B was the persistent sense of dissatisfaction that he saw in Ingrid, which reminded him of his own patients with BPD. He described Ingrid to be driven by a latent belligerence that urges her to be a woman who is "constantly surveying who could be next" (IB), looking for upon whom she could next project her aggression. Interestingly, Participant B switched between Ingrid and his own patients while he spoke, between "she" (Ingrid) and "they" (people with BPD). He also mentioned the emptiness that Ingrid was portraying.

"... what **stayed with me** was... almost a sense of... ja, this constant sense of discontent that I felt in the borderline persons also. You know... and the underlying aggression is like... it is like they're constantly surveying who could be next upon whom they can project their... their aggression. And, it's like... obviously, also the emptiness and she also said it at one point... she's empty." (IB)

Participant C shared this sentiment with Participant B about the constant discontent portrayed by the female protagonists. He emphasised the intensity with which both Ingrid and Sylvia experienced emotions. The felt intensity of emotions is a key feature of BPD and as such the films helped elaborate the clinical picture of personality disorders beyond the reductionistic DSM-5 diagnostic criteria. It stood out to him how they can alter so quickly from a loving person to someone who is filled with rage and hatred. It has made him wary about having women with BPD in his own life. He mentioned that he had once had a girlfriend that now reminded him of both Ingrid and Sylvia.

“... what was **very striking** is how intensely they experience emotions. And how quickly they can kind of switch from this very loving and totally intensely adoring person to someone who hates you. So, I think that was quite intense in the movies. It has made me very aware to look out for that in my own life.” (IC)

With regards to interpersonal dynamics, Participant B further noted “the vitriolic jealousy” that he finds so typical in people with BPD. It stood out to him both films. He stated that,

“I felt... you know I feel that people with borderline personality disorder to be so jealous. So jealous. And it is... it is... the vitriolic jealousy. It is a jealousy that consumes and corrodes even, you know, not even relationships... but even themselves. There is no end. **It is self-consuming jealousy. And... really, it stood out in both of the films.**” (IB)

Apart from finding the interpersonal relationships and dynamics with father figures and partners to be significant, the participant also noted the effect the behaviour of Sylvia and Ingrid had on their children. Participant C and Participant F wondered about how the children must have suffered due to their mothers’ personality disorder. Participant C noted that the severity of the disorder struck him, imagining what it must have been like for Simone Venter, Ingrid’s daughter, to be exposed to the erratic behaviour of her mother:

“And if you see in the film what the daughter is kind of exposed to. So, I think that also **stuck with me**. Ja, I think that ‘severity’ is a good word. Ja, that definitely comes through.” (IC)

In this context, Participant D brought up a scene that specifically stood out for her. It is the tragic scene depicting Ingrid returning home late one night being clearly intoxicated. Ingrid has left her child, Simone, with her sister, Anna Jonker. Participant D recalled the desperate moment where the wine bottle breaks and Ingrid bends down to drink the wine off the floor amongst the shattering of broken glass. Her isolation, loneliness and desperation stood out here. Participant D’s sentiment about this scene links her earlier statement of how it “stuck with” her what Ingrid’s young daughter must have been exposed to.

“A **scene that sticks out for me** is when the wine breaks and then she kind of tries to drink it off of the floor. That desperation and that kind of loneliness and isolation and almost like... nobody gets her. And... they didn’t really. So, ja, I think... the self-sabotaging was **the thing that kind of stayed with me** the most.” (ID)

Participant F also mentioned the impact the disorder has on the children. She specifically spoke about Sylvia’s final moments before her suicide. She found it significant to see the hopelessness that Sylvia experiences towards the end. Sylvia’s acceptance that life is not worth living anymore and her feelings of worthlessness coupled with hopelessness, was a difficult realisation for the Participant. Participant F further imagined what it must have been like for Sylvia’s children, Frieda and Nicholas, to wake up in the morning and see their unmoving mother in the kitchen. He spoke of the confusion that the two young children must have felt when asking themselves what was wrong with their mother. In fact, as an adult,

Nicholas Farrar Hughes committed suicide as well. He was the most similar to Sylvia in appearance as well as demeanour among her two children (Feridounpour, 2012). Nicholas was also diagnosed with major depressive disorder.

“I remember the **ending** which had quite a major impact on how she killed herself and ended her life. So, **for me that stood out quite immensely** because I mean to get to that point where you feel like you just can’t take it anymore or life is not worth it anymore. These feelings of worthlessness. Ja, like, it was very difficult for me to see the impact it has on the children as well. I’m just trying to imagine now a person, not moving... I mean it is based on a true story. I just imagine that and also the confusion that the children might be experiencing with, you know, ‘what’s going on with mom?’”  
(IF)

Similar to Participant F’s expression of the hopelessness and worthlessness experienced by Sylvia, Participant E noted that it stood out to her that both women were such auspicious intellectual individuals as poets and writers. The complexity of individuals being so fragile and yet so talented was something that stood out. As such, the films provided a more holistic picture of individuals as opposed to merely highlighting pathological traits. Appignanesi (2008) also describes Sylvia Plath as a young woman who was hungry for creative experience and expression but who was constricted by the limited opportunities of her time, which led to depression and her ultimate death. As such, it was also difficult for Participant F to realise that both Ingrid and Sylvia were so embedded in their hopelessness, worthlessness and emptiness that suicide presented a relief for them.

“... another thing maybe **that stood out for me** is how both of them were so promising, like they’re such promising individuals, intellectually and, obviously, in their work and then in the end... they kill themselves.” (IE)

#### 4.2.2 “You get a person”

This theme comprises three sub-themes, each one illustrating how a film is able to show the human side of a mental health disorder and, in doing so, evoke in the viewer a deeper level of understanding and empathy for the sufferer. Films also have the unique ability to allow the viewer to vicariously experience what the characters are going through.

**Table 4.3 Theme 2: “You Get a Person”**

4.2.2 “You get a person”	<p>4.2.2.1 “It becomes real”: Experiencing the human side of BPD</p> <p>4.2.2.2 “In the main character’s shoes”: Stirring up empathy and compassion through emotional connection and understanding</p> <p>4.2.2.3 “You can actually feel the symptoms”: Vicarious experience of BPD symptoms through film techniques</p>
--------------------------	--



#### 4.2.2.1 “It becomes real”: Experiencing the human side of BPD

Participants pointed out where and how BPD symptoms manifest in the two characters. This sub-theme also links with theme 5 as it illustrates the powerful educational tool films can be in the learning process. It specifically links to **sub-theme 4.2.5.1**, as the linking up of BPD symptoms with the behaviour of the characters serves to augment prior learning.

“It makes it a bit more real than what it is when you read it on paper. And in a way, that’s... I think you can use that a lot more because it’ll give whoever who is going to meet this in real life a little bit of a taste. A starter.” (IC)

Participant C stated that watching both films brought the disorder to life. It was a different experience compared to merely reading about BPD in a textbook or journal articles. Participant C further stated that the films form a platform future clinical psychologists can use to prepare themselves for patients with BPD when they encounter them in psychotherapy. Participant E iterated this argument. She argued that there are minimal opportunities to feel what it is like having BPD when memorising and studying the DSM. Although there will be an occasional case study to illustrate the symptomology of the disorder, as Participant E emphasises, there are no images, “nothing that really goes to your heart and that you sympathise or empathise with the person”. She further stated that the disorder became real with the characters in the films. As the viewer one is provided with the opportunity to understand and empathise with the agony and torment of the two women.

“... when we study the DSM before we start doing practicals, it’s ja, you have to memorise it. You have to write down maybe a case study that you get but there is no...

there is no images. There is no... nothing that really goes to your heart and that you sympathise or empathise with the person. But, I think when I watched the movie, it becomes real. You **see** on an emotional level what this is **like**. That it's really **proper anguish**. And it's really important to know that.” (IE)

Participant B complemented this statement by disclosing that he could really hear Ingrid and Sylvia's suffering. The films provided a three-dimensional view of the disorder, which is beyond facts and symptoms. He spoke about the persistent discontent that is projected by both characters. It is a contradiction they are continuously trying to solve. Participant B referred to the anguishing attempts to resolve this discontent as “trying to fill the cracks.” This metaphor is further explained by the participant when he specifically refers to Ingrid. He interpreted Ingrid as experiencing intense emptiness, being “constantly insatiable”. In the film, she finds it difficult to be satisfied with anything, whether it be intellectual satisfaction, emotional satisfaction or career satisfaction. Nothing is enough. Ingrid continuously seeks for something, whether it is her own identity or approval from her lovers and, perhaps more significantly, from her father. This constant seeking for approval identified in Ingrid links with Gabbard's (2005) argument that BPD is often associated with individuals having relationships in which they feel oppressed and victimised. Gabbard (2005) provides the theoretical formulation and the film offer the accompanying emotional meanings and nuances to offer a full picture of the disorder to the clinician. Individuals with BPD, such as Ingrid, often grow up with a need to externalise and “hand over” an alien self-representation to another person so someone else can deal with the negativities of distressing elements (Gabbard, 2005). This sentiment is echoed by the response of Participant B:

“... you really hear their **suffering**. They’re really trying to **fill the cracks**. They really try to **resolve the contradiction** all the time.” (IB)

This seeking for approval goes so far that she at one point mentions, as Participant B remembered, that she feels like she has not achieved anything at all in life. Nothing she has ever achieved had any deeper meaning to it. “Trying to fill the cracks,” as described by Participant B, is a more human description compared to the symptom “feelings of emptiness” found in the DSM. Participant B’s illustration of Ingrid’s condition and constant feelings of discontent made the symptom come alive and more relatable. Instead of just reading about “feelings of emptiness” in a textbook, Participant B could experience what this actually means; he could “really hear their **suffering**.”

Participant A also noted the feelings of emptiness. Similar to Participant B she explained this feeling as an insatiable sensation. Whereas Participant B had strong memories of Ingrid’s character in this regard, Participant A spoke of Sylvia and saw her as a woman who is desperately trying to complete her identity with her husband, Ted Hughes. She is also frantically attempting to fill herself with her poetry. “But, **nothing is enough**. And, **she is empty**. And **nothing can fill her**.”

“... both the movies spoke to me **more of the structure than the symptoms**... in the first film that emptiness... and, it’s throughout the film... it’s that complete sense of... **you get a person** who is trying so hard to be this poet. And, she is trying so hard to fill herself with her husband... or with the poetry. But, **nothing is enough**. And **she is empty**. And **nothing can fill her**. And, I got that sense. I thought that **was very well portrayed. That emptiness**.” (IA)

Other participants reiterated the idea that the films portrayed the disorder in a more realistic fashion. They said the following:

“[It is] more realistic” (QA)

“... the **lability** and the absolute... you know... the absolute **ideation, the splitting and flips**. That was more obvious throughout.” (IA)

“Portrayed in real life.” (QA)

“Person is experienced as **more real**.” (QB)

Most of the participants emphasised that the films made the disorder “more real.” They mentioned that it was relatively easy to identify the diagnostic criteria in both Ingrid and Sylvia. Yet, the emotional side of the films as well as the “realness” was something that really stood out for them. This observation underscores Böhmer’s (2011) important differentiation between descriptive and dynamic psychiatry. As part of the latter, Böhmer (2011) recommends that it should be required of every psychologists’ training to identify a psychodynamic formulation. A psychodynamic formulation does not only focus on the diagnostic criteria of an individual. It is an indication of psychological mindedness and aids in recognising the unique, personal aspects of the disorder and the historical events of the patient’s life (Böhmer, 2011). Films form an opportunity for trainees to practice such psychodynamic formulations, or other theoretical psychological formulations, and not just focus on biological reductionisms of the disorder. Participant A expressed the following:

“... if you had them with you, **you could definitely watch the film and tick them off.**

I mean they were there. But, I think the emotional side of it...” (IA)

#### **4.2.2.2 “In the main character’s shoes”: Stirring up empathy and compassion through emotional connection and understanding**

Participants frequently shared how challenging it can be to work with people diagnosed with BPD. They also shared how the films “refreshed” and evoked empathy for BPD sufferers by shedding light on the reality of their struggles and the effect on those around them. This sub-theme links to and overlaps with the **sub-theme 4.2.2.1** as the empathy is most likely the result of the personal connection made with the characters and the emotions evoked by this connection.

By virtue of the symptoms of BPD, psychologists often find psychotherapy with BPD somewhat difficult. Participant A iterated this sentiment in stating that psychotherapists often refer to patients with BPD as irritating, challenging, unreasonable and exasperating. In essence, as Participant A noted, patients with BPD have a negative reputation among psychotherapists as well as non-professionals. Participant D disclosed that people with BPD were her absolute worst patients because they drain her energy. The sentiments expressed by Participant A and Participant D show that an important reflection took place while watching the films. This reflection links to Gramaglia et al. (2013) in that the interns actively identified with Ingrid and Sylvia and through this identification process they could experience situations in the film from different standpoints. This practice of “putting yourself into the shoes of another person” can turn into concrete knowledge, both from a cognitive perspective and, perhaps more significantly, an emotional perspective (Torre, as cited in Gramaglia et al., 2013).

“... people with borderline have such a bad name. And, even therapists sometimes speak out of turn about people with borderline. As if they are annoying, demanding, infuriating etc. And, I think as a therapist what was nice in the learning about it... is just **the compassion** for the absolute pain that they live with. And, yes, they are infuriating and demanding and unreasonable and all of those things. But, I think as a therapist it just **refreshed my empathy for that pain** that they also carry.” (IA)

“I’m going to be honest. So, in therapy... borderlines are like my worst. They really just drain my energy and I don’t like them. But, after this movie it kind of gave me, like I said, a **new perspective** on their take on things and... I think now I’m quite eager to get started on some work with some borderlines. Because I think I’m gonna take a whole new perspective on things. Because I also just think that **you get to see it from their point of view** and other than the movie, you’re not ever in the position where you’re thinking from that person’s point of view... what’s going on. And, how these behaviours come about and what happens. And the development **before**... you know, like upbringing and things like that.” (ID)

After watching both films, the participants stated that they felt a closer human connection to their own patients presenting with these symptoms. They were able to put themselves “in the shoes” of their own patients in psychotherapy as well as in Ingrid’s and Sylvia’s positions. The participants expressed that apart from always seeing their patients with BPD as unreasonable and annoying, they could also now see the underlying anguish that they are constantly experiencing. The films refreshed their empathy as psychotherapists working in the healthcare profession for individuals presenting with these symptoms. They were reminded of the absolute pain that lies beneath all the defence mechanisms and

psychopathology. As mentioned above, this is a notable reflection process of the interns. According to Jung's (1916) theory on archetypes, the participants were able to reflect on their own shadow, admitting that they are typically annoyed with individuals with BPD. Yet, watching the films refreshed their empathy and compassion for the characters.

"I think so. I mean, I feel more sorry for the people around them. But, it gave me some kind of **insight into**... like I said... how intensely they experience this fear of abandonment. And, this need for acceptance that is just never really met. Emotions... it's hard for me to relate, because I'm not that kind of person. **But, I can feel it.** It's heavy films. And, I can feel the heaviness afterwards... in that sense, it was very effective." (IC)

"It opens up another person's worlds and can thus be especially valuable in the field of psychology." (QJ)

Participant E noted something interesting in this regard. She referred to the power relations that already exist between a therapist and their patient – especially in a government hospital, which reflects Foucault's (1963/1973) critique of the medical gaze. Practitioners often select a distancing, medical objectification gaze when looking at individuals in distress. Practitioners tend to be doctor-oriented and not patient-oriented and hospitals create an abusive power structure (Misselbrook, 2013). When Foucault (1963/1973) speaks of *la clinique*, he is thinking of both clinical medicine and the teaching hospital, such as the tertiary psychiatric hospital in which this study was conducted. Due to the combination of this power imbalance between patient and therapist as well as the nature of the BPD symptoms, it can happen that the psychotherapist sees the borderline patient in an

unconsciously unfavourable light. However, the films reminded the intern psychologist about the pain and suffering that these people experience. It refreshed the compassion, empathy and sympathy towards people with BPD. Furthermore, as Participant E noted, it narrowed the power imbalance between therapist and patient. After the films, she felt that she was not as distant from her patients anymore. She could put herself in the shoes of Ingrid and Sylvia.

“I think it's important, in a way, for psychologists to not be so distant from their patients because there's already a, like a power imbalance. Especially if you work in a state hospital. So, it makes it more real and it gets you to **feel what they're feeling** in a way and really **experience** what they're going through... it makes it more **real**, it makes the **emotional connection**.” (IE)

As such, films, as dynamic images, create awareness of unconscious archetypes that simmer in all of us. Participant F emphasised this point in stating that she “understand[s] why Ingrid is the way she was.” She expressed that if she had had a similar upbringing to Ingrid, she would also have developed a borderline structure. This is a significant reflection in terms of patient-psychotherapist relationship as it eliminates “othering.” The intern could understand her patients. She expressed that she understood that this is a deeply human condition. It is a sentiment that recognises that as we are all human, we can be able to understand the same suffering.

“Ingrid's father. Uh! Ja, he irritated me. He irritated me! I got that sense... he stood out to me but ja, not in a good way. Ja, **I was just like... I understand why Ingrid is the way she was. And why she behaved the way she did.**” (IF)



“... there was a point where I was feeling like, kind of **sorry** for her as well. Because, I was just like, ‘okay, **this is what she’s going through**. She’s also going through a depressive phase. Or she’s not even able to regulate her own emotions. She’s just like very unpredictable, very inconsistent.” (IF)

“One can relate and empathise more with the character in a film portrayed if they have a more ‘real’ depiction from what they see and feel.” (QG)

The view of the interns is reiterated by Böhmer’s (2011) argument that psychology tends to focus too much on the biological reductionist formalisation of a diagnosis. The rich insights gained when integrating the person’s unique history cannot be over-emphasised. A dynamic psychology welcomes essential psychological mindedness (Böhmer, 2011). In this study, the interns perceived Ingrid and Sylvia not just as people with a descriptive diagnosis, but as individuals whose struggles needed to be viewed in relation to their personal history, personal events and upbringing. Böhmer (2011) similarly emphasises the importance of considering these factors and how the individual interprets these events and reacts to them.

“... film portrayals **elicit more empathy** due to the visual representation.” (QJ)

“I think I put myself more **in the main character’s shoes**, like Ingrid’s shoes or Sylvia’s shoes. So, I found myself putting myself in their shoes. And, I think that’s why it was almost like a kind of low-mood, black-mood, depressing movie, like you know, because I mean you kind of **empathise** with what they were going through.” (IF)

#### 4.2.2.3 “You can actually feel the symptoms”: Vicarious experience of BPD symptoms through film techniques

As Participant A explained, the acting and the music causes one to vicariously experience what the characters are experiencing, which is another powerful characteristic of films as educational tools. This sub-theme links with **sub-theme 4.2.3.2** in that psychotherapists are provided with the opportunity to understand a person with BPD and, in a sense, briefly experience life from this other perspective. The idea of a vicarious experience closely links with Wedding and Boyd (1999) and Alexander et al. (2005) who state that the fusion between sound effects, meaningful dialogues, music and images have an important effect on viewers’ thoughts that appear in their stream of consciousness. Visual stimuli have long been associated with an extraordinary power to portray information and knowledge in an emotionally evocative manner (Alexander et al., 2005). In connection with this, Participant A stated the following:

“... you know **the music and the acting** it gives you...I felt like **I could feel what she was feeling** I suppose. So, it’s **emotional in that way**. You feel like you **can actually feel the symptoms** as opposed to just objectively ticking.” (IA)

The film industry has mastered the ability to transfer its audience into a captivated state of intense submersion as the dynamic images of the film enter the viewers’ consciousness. The audience is likely to forget about their immediate surroundings as they are engrossed in the temporarily created world of the cinema (Wedding et al., 2010). It is clear that film forms a medium that has successfully fused the visual and auditory elements (Wedding et al., 2010) – something that was iterated by Participant Q and Participant C:

“It also provides information via the **visual and auditory** pathways (rather than just auditory), which may explain the **lasting impression**.” (QJ)

“They have other tools, like lighting and music. And, they can set a scene to portray these kinds of emotions more intensely. So, I think it’s definitely in that way... it brings the... **it brings it to life**.” (IC)

Furthermore, the audience is often able to identify with the characters of the film and their specific circumstances. By means of different cinematic techniques and camera angles, such as the close-up shot where the focus is on a character’s isolated face, the viewer’s awareness of space is temporarily suspended and the viewer’s attention is fixated on very specific emotional expressions (Wedding et al., 2010). Films can put the features or symptoms of disorders back into the interpersonal context where they are experienced. Participant C mentioned the following in support of this view:

“I could relate more with the... maybe it’s just because I’m a man and I think I dated someone who I think was borderline... I **could relate to what the boyfriends were going through**... or the husbands...” (IC)

“... it’s kind of **minor chords** that are very sad. So, that kind of amplifies the effect of... where you can actually **feel it**, instead of just reading about it.” (IC)

“... they can use elements in the film like music. Music is very... it strikes me... they are able to create a very intense environment with the music.” (IC)

Naturally, the most intense feelings such as extreme heartache or fury are more effectively portrayed by images of a person's facial expressions rather than by means of written words. Indeed, one reason why early silent films were so successful in arousing strong emotions was because the viewer was encouraged to show compassion towards the mimics and gestures of the characters and thus identifying with their subjective experiences (Wedding et al., 2010). The viewer identifies with and reads into the actions of the characters to decode meanings, motivations and intentions of the characters towards others.

“The films...the difference the films introduced was your experience. You know, **mutually experiencing what was going on there.**” (IB)

“The effects of the movie (background music and scene) made the experience seem more real and easy to relate to (empathise) and experience the feelings and emotions that were felt by the character (being impacted because of the effect of the visual picture).” (QG)

“... it makes it **more real** and it gets you to **feel** what they're feeling in a way and really **experience** what they're going through.” (IE)

“... it makes it more **real**, it makes the emotional connection.” (IE)

Regarding identification with film characters, Wedding et al. (2010) suggest that individuals as viewers often project themselves into the plot of the story, which again emphasises the identification process. Furthermore, viewers almost automatically accept the happenings occurring in the film as real and natural even though the plot might rapidly move

from one scene to the next. Wedding et al. (2010) explain this phenomenon by means of suture theory, which refers to the unconscious mechanism of tacitly editing or “sewing” these cinematic cuts together. Thus, the audience can fuse incoherent or jumbled scenes into comprehensive wholes in an automatic cognitive process. This mechanism is only possible because the viewer, without conscious effort, understands that each scene or portrayal of a character represents a different point of view. The resulting scenes will respectively be shot out of the perspective of a different character looking at the first character (Wedding et al., 2010). Suture theory supports the idea that films have the ability to let the viewer be submerged and enveloped into the plot and characters.

#### **4.2.3 “A window into”**

Three sub-themes make up this global theme and each shows how films can “provide a window into” the “real-life” aspects of living with a disorder, such as how BPD symptoms and clinical features manifest in social settings and how symptoms play out in “real-life” scenarios. Part of arriving at this insight into the disorder is being able to momentarily suspend the role of being a psychotherapist and to “step into the shoes” of the characters.

**Table 4.4 Theme 3: “A Window Into”**

4.2.3 “A window into”	4.2.3.1 “A picture of what really happened”: Providing insight into how individuals with BPD behave in their social settings
-----------------------	--

	<p>4.2.3.2 “Climbing out of your clinical shoes”: Creating distance from the role of therapist</p> <p>4.2.3.3 Linking BPD symptoms to real-life scenarios: Films as a fusion between entertainment and education</p>
--	--

#### **4.2.3.1 “A picture of what really happened”: Providing insight into how individuals with BPD behave in their social settings**

Much of the participants’ descriptions of impactful scenes centre upon the social dynamics at play in the lives of the main characters. As the complexities of the relationships are difficult to capture in words, this aspect of films is another way in which it can enhance more traditional forms of learning. This sub-theme links with Kalra’s (2012) proposal that film can be used as a platform to understand and discuss aspects of a disorder that often remain unknown. The clinical psychology interns were able to focus on the inter-personal and social dynamics of both Ingrid and Sylvia. As therapists typically only see their patients in isolation from their social contexts, watching the films gave them important insights into how individuals with BPD behave amongst their friends, partners and family members. Participant B and Participant C stated the following with regards to the relationship Ingrid had with her father:

“The **quarrels with her father**... she wanted her father to read the poem. As if reading it would... quench her need to be accepted, to be seen by him. And, that not reading it was **the ultimate betrayal** and objection **from her father**.” (IB)

“In film portrayals I get a better understanding of the person in context and in relationships” (QB)

“... **this interaction with the father** in the end, where he says, ‘I don’t ever want to see you again’. Now that final rejection was what kind of pushed her over the edge.” (IC)

These are powerful sentiments as they show that the participants went beyond a diagnostic reductionism. For Participant B and Participant C, the dynamics and subtleties were notable. The comprehension of such dynamics and subtleties should, according to Böhmer (2011), be a crucial clinical and diagnostic skill for those mental health professionals tasked with diagnosis and psychological case formulation. Such appraisal of a person with BPD shows an understanding of the veiled dynamics of the dysfunctional behaviours and is, therefore, aetiological (Böhmer, 2011). Films provide this platform for training psychologists. The participants understood the aetiological causes behind Ingrid’s behaviour. Participant B inferred that “the ultimate betrayal and objection from her father” was Ingrid’s downfall which resulted in her suicide, or as Participant C expressed, “pushed her over the edge.”

Participant G expressed something analogous about Sylvia. Similar to Ingrid, Sylvia, due to the early death of her father, experienced insecure attachments to the elderly man living in the same apartment building as her. Once more, one finds an example of a dynamic psychological appraisal of the participants as the two films show how each individual with BPD differs from others with a similar descriptive diagnosis (Böhmer, 2011). Even though both Ingrid and Sylvia had insecure attachments to their father figures, the actual portrayal of this clinical feature is unique for each character. Ingrid’s insecure attachment was evident in her continuously seeking for approval and acceptance by her father, Abraham Jonker.

Similarly, yet different, Sylvia's self-perception holds an alien representation from her father, who passed away when she was eight years old. She sought acceptance from an elderly man who could have been her father and towards her partner, Ted Hughes, she had a need to externalise and "hand over" this abovementioned "alien" self-representation so someone else could deal with the negativities of the distressing alienation (Gabbard, 2005). Participant G expressed the following:

"The **interaction** she had with the older man. Somehow gave a brief account/portrayal of **the type of relationship** she may have had with her father. The relationship she had with her partner is also somehow a reflection of her **insecure attachment patterns**." (QG)

Akin to Sylvia, Ingrid had insecure attachment patterns towards her partner, Jack Cope. Once again, the reality of this borderline characteristic was portrayed differently in the films. Participant B was able to diagnose using the criteria and fitting it to what he saw happening in the film. He stated the following in connection with Ingrid and her partner Jack Cope:

"... **she threw her shoes at her boyfriend** when he walked away. And again, **this thing of, you know... this jealousy... yoh!**" (IB)

"And... the second film [*Black Butterflies*]... **her entitlement to... to cheat on her husband, to flirt with other people**. She was involved with someone. I can't remember the names now. And, then when they came over to visit, they sat around the table and **Ingrid and this other guy started to flirt with each other**. And, it was just okay for



her. You know, even afterwards when they discussed it, it was just okay. The entitlement. And the inconsistency. **She expected of him greater commitment** while it was okay for her to flirt around. And almost **this hopping from one man to another, to another to seek this approval**. Again, this dissatisfaction with life, dissatisfaction with herself.” (IB)

“... I sort of encountered that contradiction... for instance, Ingrid Jonker, **she and her boyfriend they picked up squabbles and she wanted him to leave**. And, in the next morning she said, ‘please don’t leave me.’ You know, **this contradiction all the time**. They are constantly living in contradiction. The inconsistency. Fluctuation of mood. The one moment she is furious. She could kill him and feel justified by doing it. And, then the next moment she fears abandonment and she doesn’t want him to leave.” (IB)

“He had **no choice but to withdraw. He had to leave**. I mean it’s understandable. And, even in his leaving... he was wrong. You know, she felt offended even by that, you know. So, rejection. So, there’s almost... **the engagement is such that there is no way out**.” (IB)

These statements made by Participant B link to Sadock et al’s. (2015) description of individuals presenting with BPD as being overly dependent on those with whom they feel connected. At the same time, when frustrated, individuals presenting with BPD can lash out in intense anger. Similar to Ingrid, many other people with BPD cannot stand to be alone, which often results in a frenzied need for companionship or splitting, alterations of perceiving a partner as either good or bad. In Ingrid’s case, Jack Cope was seen either as a nurturing person taking care of her or an extremely negative individual depriving her from her basic

need for security. She would then threaten her partners with desertion when she felt most reliant on them. Participant B captured and expressed this contraction. Participant B and Participant C stated the following about Sylvia:

“With the first film, I remember when they had their visitors over and... the husband went and washed the dishes with the other lady. And... it was just... you know, there was no courtesy. It was just this complete conviction and... you know, **complete conviction that her husband was cheating on her.**” (IB)

“... in the kitchen. Where they’re washing dishes. And there’s kind of... she is observing some touches between... she is observing Daniel Craig and some other chick in the kitchen washing the dishes and how... **she kind of sees something happening there, that’s not really happening.**” (IC)

“Sylvia's intensity in her marriage – intensity of love, dependency, abandonment, jealousy, etc. Her mood switching from polite to hostile toward their visitors. Her 'adopting' the neighbour as a father figure of sorts.” (QB)

In this safe, virtual environment of the films, the interns were given an opportunity to deepen their self-awareness and gain a more profound understanding of BPD (Izod, 2000; Powell et al., 2006). The interns noted that an important aspect of BPD is that it can influence the nature of interpersonal relationships and dynamics with those individuals’ partners, as well as with their therapists. Here, Bateman and Fonagy’s (2004) mentalisation-focused model on attachment is significant. It specifically targets the inability of many patients with BPD to mentalise and understand that the perception they have of themselves or others are

not absolute. In other words, people with BPD typically struggle to understand mental states as subjective and flexible instead of infallible and fixed. Participant A and Participant D expressed the following:

**“... you’d have a picture of what really happened in their life... what really happened in their relationships.” (IA)**

“... it surprised me that he took her back so many times. I don’t know if this fits into your questions (laughs). But... it was quite surprising. So, you know, how **they get involved in patterns with people who want to save them**. And, I do think it’s a specific type of person who gets torn in in the first place. But, I think what I’m trying to say is that with **him... It’s a specific kind of person who does get sucked into the patterns.**” (ID)

“... it’s informing us about Borderline and what they go through... I think **it’s really important about what the people around them go through as well**. And, their experiences.” (ID)

Watching the two films gave the interns a “window into” the social context of the individual with BPD. In therapy sessions, the psychologist often only has the opportunity to listen to the patients themselves. Through the incorporation of films in educational settings, empathetic understanding of the wider situation and relational dynamics in the patient’s world can be significantly improved. From a systemic perspective, films explicitly demonstrate the circular causality (Vorster, 2011) that occurs in interpersonal relationships, which is a significant gap in patients with BPD’s descriptions of interactions with others in

their lives. In other words, patients with BPD describe their situations with others as if they are being merely acted upon by others and the world (Kreisman & Straus 2010) without acknowledging how their ways of relating with others impact and influence how others in turn interact with them. Bloch (2005) iterates the idea that films raise the sensitivity of relating to patients and their families dynamically, compassionately and empathetically.

Participant A, Participant E and Participant F stated the following:

“... I suppose I just got **a window into her life and how she is in her relationships and how she induces people to respond to her...** which is a thing with borderline...” (IA)

“... sometimes **it helps to get the bigger picture** and to see how their experiences are relating to what happened. What was the bigger picture and if those patterns are continuing **now** as well. Especially, with the borderlines because they do have this... they are in touch with reality but they do change it...” (IE)

“They’re not even aware of **the impact that they have on people**. So, ja, what stood out to me there as well was when the other guy... what is his name... Jack... not Jack but the other one... okay, when **Jack told her she was draining** and also, I think another time in the movie someone else told her again she’s draining... Eugene ja... So, for me that stood out because I also experience (laughs) them as draining.” (IF)

#### 4.2.3.2 “Climbing out of your clinical shoes”: Creating distance from the role of therapist

Participants expressed being drawn into the films and not watching them as a therapist. From their training and experience though, they are able to recognise and identify

typical BPD symptoms and behaviour and so there was a movement between roles. This process of symptom identification was likely prompted by the preparatory reading on BPD before watching and through experience with patients with BPD (please refer **to sub-theme 4.2.5.1**). As the interns had already been prompted by their experience as well as the reading, they could focus more on the crucial dynamics of BPD instead of searching for diagnostic criteria. The participants mentioned that they were able to view the films primarily as a person and only secondarily as a clinician or therapist. Participant A expressed the following:

**“I didn’t watch it so much as a therapist.** I think I was just watching it almost as getting sucked into her world. You know, almost just, it’s like you’re watching a movie and you just get sucked in... **I wasn’t thinking of her as a therapist.”** (IA)

“... maybe it’s just the approach you take to it... but is, I suppose, that [as a therapist] you’re just looking at a person who happens to have these symptoms. You’re not **looking at the underlying pain.**” (IA)

According to Böhmer (2010), the undeniable problem in BPD is the intensity of the underlying pain a person with this disorder is feeling. These feelings can be so aching that to suffer them is almost unbearable. The advantage that films have as an educational tool is noteworthy here. Clinical psychologists often deal with concepts such as empathy and projective identification, which is sometimes referred to as being at the foundation of sophisticated abilities such as intuition and empathy (Böhmer, 2010). In order to empathise with another human being, one needs to *play* with the thought of being the other person in the knowledge that one is not. Participant E and Participant G stated the following in this regard:

“... **you become them**, in a way. Because **you associate with them**. And, you have that process going on, for me. And, then also when they say something and then I’m like, ‘ja, check. That was emptiness. Or that was the feeling of being hollow.’ So, for me, **I shifted between the characters** but I also shifted from being in the story, so, like empathising, and then being kind of like a psychologist because we are watching this movie in this setting and seeing all the trademarks of the diagnosis and so forth.” (IE)

“It helped me to imagine/**place myself in the character’s ‘shoes’/situation.**” (QG)

In empathy, a transition occurs between “being” and “not-being” another person (Böhmer, 2010). A negative form of this playful transitioning is projective identification. Projective identification may be seen as a forced enlistment of another human being to behave according to a certain role. The recipient of projective identification is not cognisant of this transitioning and is obliged to feel and behave in a certain manner (Böhmer, 2010). However, as soon as the recipient becomes cognisant of these processes and regains the ability to critically appraise the projective identification, the coercive feelings and behaviours fall away.

When this realisation occurs, projective identification can serve as effective communication (Böhmer, 2010) for the therapist to understand the underlying pain of the person (described by Participant A). Only then can understanding, empathy and compassion come into *play*. This critical appraisal and distinguishing process of projective identification and empathy is a crucial skill for all therapists. The two films shown formed a platform for the intern clinical psychologists to switch between different roles. As Participant C and Participant E expressed, they switched between the so-called feeling function from the anima (Jung, 1916) and a more diagnostic perspective:

“I don’t know if it’s maybe also the South African context and everything like that, **being quite relatable, ja, I was drawn more into the actual story and the characters than watching for or looking for the diagnostic features.**” (IC)

“... when you watch the movie, you’re also in the story, or, I was in the story, and then when you showed the clips just before the questionnaire, you, kind of **climb into your clinical shoes again** and then you watch it more critically.” (IE)

An important aspect of this sub-theme is the emphasis on playful transitioning between different roles. It connects to Mardell et al.’s (2016) approach of playful learning. Being able to transition between different roles and show empathy speaks to an iterative process where the interns can practice, enhance and refine their empathetic skills. This sub-theme also underscores Foucault’s (1963/1973) critique of the medical gaze found in “The birth of the clinic”. It has been claimed that his work should be read by all reflective practitioners (Misselbrook, 2013). Foucault (1963/1973) describes the medical gaze to be practitioners’ habit of filtering out non-biomedical information. Practitioners tend to adapt their patient’s story to fit into a biomedical model. Foucault’s (1963/1973) “gaze” can be understood as a habitual act of defining what practitioners consider to be relevant information out of the overall data available to our senses. Often, the biomedical elements are favoured over the more personal or social aspects of a patient. Practitioners are frequently more doctor-oriented rather than patient-oriented. In this sense, an inevitable power relation is created between practitioner and patient. Indeed, it seems that training hospitals have taught their trainees more about a reductionist biomedical approach than about patients (Misselbrook, 2013). Films, however, can challenge practitioners, bring them out of their distancing medical

objectification gaze upon individuals in distress through arousing their emotion and depicting the complexities of the situation.

#### **4.2.3.3 Linking BPD symptoms to real-life scenarios: Films as a fusion between entertainment and education**

Closely linked to and overlapping with the **sub-theme 4.2.3.2**, participants' responses show that they are able to recognise and identify BPD symptoms and behaviour in the two main characters throughout the two films. This sub-theme shows that the interns, based on their experience with patients as well as the prior reading, they were predominantly able to identify the diagnostic criteria of BPD in the protagonists. For instance, Participant A and Participant B communicated the following:

“... if I had gone through all the criteria... if you had them with you, **you could definitely watch the film and tick them off**. I mean they were there.” (IA)

“... it's like... obviously also **the emptiness** and she also said it at one point... she's empty... I think that's the word she used. So, it is... like she is **constantly insatiable**...”  
(IB)

“This **constant seeking for something**... seeking... whether it's approval, whether it's identity. Approval especially from her dad, from her lovers... and identity. At one point, she said **it's like she hasn't achieved anything... it's like nothing she's done was ever... had any meaning... or, you know, profound meaning** to it.” (IB)



“... it is like they’re **constantly surveying** who could be next upon whom they can project their... their aggression.” (IB)

Importantly, the interns always used specific scenes from the two films to back up their identification of criteria. For example, Participant I and Participant J mentioned the following:

“Instability in relationships and fear of abandonment (**her constant suspicion**). Chronic feelings of emptiness (her own verbal account). Difficulty with identity formation (**her starting to smoke and suddenly wanting to try new things**). Suicidal preoccupation (**past attempts and final death**). Instable mood many highs and lows (**throughout the film**). Impulsive behaviour (**when meeting Mr Hughes and tearing papers**).” (QI)

“**Instability in interpersonal relationships** – throughout, in their relationship with her mother, Ted Hughes, friends (especially the couple that came to visit them). **Instability in sense of self** – feeling like a half, needing someone to complete her as if she is hollow and never existed. **Emotional instability** as evident in her depression.” (QJ)

Here a connection can be seen to studies conducted by Berg-Cross et al. (1990) and Datta (2009) who point to the more obvious advantages of films as educational tools. Learning by watching meaningful and related films has an important enjoyable factor. It is different than merely learning from a textbook because the learning process is almost effortless. In this study, it occurred without the interns being acutely aware of it. They were drawn into the worlds of the characters and often forgot that they were in a learning

environment. This effortless, enjoyable learning also speaks to playful learning that is driven by imagination, tinkering around with ideas and discussion and debating. To illustrate this, Participant D and Participant E expressed the following:

“... before that it’s just **like words on a page** and that’s one of our biggest concerns as clinical psychologists when we come... **we don’t see ever what we learn about in the textbooks**. And, it presents in **completely different ways**. So, I think that being able to see it and then linking the two definitely, you know, helps to **understand** even that person better or the pathology and how it works. And how you can see it in real life.”  
(ID)

“... when I was presented with stuff like borderline personality disorder this year or psychotic individuals, I was never quite sure what is this now... is this now erratic behaviour or is this now instability of self? So, I never knew how to link it. And, cinema education or films...it's quite a nice way to **link** the two without being threatening, in a way, because it's movie and that person's life... you're not responsible for anything. So, it really **illustrates** everything. And, I would have **loved** it. To see how it kind of plays out and then start noticing it.” (IE)

#### 4.2.4 Portraying the complexity of BPD

The three sub-themes that comprise this theme all focus on the complexity of BPD and illustrate how films are able to capture the fact that individuals can experience and manifest this disorder in different ways. Films are also able to impart a more nuanced depiction of the disorder and, by doing so, offer a deeper, “below the surface” understanding of BPD.

**Table 4.5 Theme 4: Portraying the Complexity of BPD**

4.2.4 Portraying the complexity of BPD	<p>4.2.4.1 “We [mistakenly] assume that all borderlines are the same”: Revealing how BPD symptoms can manifest differently across individuals</p> <p>4.2.4.2 “Going below the surface”: Moving beyond the explicit level of BPD</p> <p>4.2.4.3 “Painted a better picture”: Gaining insight into the complexity and intensity of BPD</p>
--	---

**4.2.4.1 “We [mistakenly] assume that all borderlines are the same”: Revealing how BPD symptoms can manifest differently across individuals**

Participants explained how various scenes in the two films were able to capture the aspect that although both Ingrid and Sylvia shared the diagnosis of BPD and displayed similar traits, there were also differences in and a uniqueness to their BPD behaviour. This observation points to the valuable insight into a mental health condition that films can offer, which cannot be easily captured in other educational settings. As such, Participant A stated the following:

“And, how was Sylvia different from Ingrid. And, where did you see it and where didn’t you see it. And what didn’t fit it in. What didn’t you expect. Because, I think, **the mistake we often make is that we assume that all Borderlines are the same.** But, they are all very different. So, I think that is very nice.” (IA)

Participant A’s sentiment that not all people with BPD are the same links to the importance of a psychodynamic formulation (Böhmer, 2011). In this sense, films have the ability to help therapists train their psychological mindedness. The value of individualised psychological formulations lies in acknowledging the uniquely personal facets of BPD and the life of the patient (Böhmer, 2011). Participant B revealed that he could feel Carice van Houten’s (portraying Ingrid Jonker) anger and discontent in the film *Black Butterflies* (Van Gestel & Van der Oest, 2011). Although agreeing that both Ingrid and Sylvia were presenting with BPD, he did not identify the same intense anger in the film *Sylvia* (Owen & Jeffs, 2003). Participant B contrasted the two protagonists in the following fashion:

“In the second film [*Black Butterflies*], I could feel this constant sense of anger, this discontent. With the first film [*Sylvia*], I didn’t really **feel** the actress’s anger. I think it was because of the actress [Gwyneth Paltrow] herself. **Her [Sylvia’s] anger was more... you know, was more... occasional. It was more situational...**” (IB)

“But, when she [Sylvia] had those outbursts they were profound. This jealousy. Again, it’s like no explanation can satisfy her. No explanation can quench this constant... doubt, suspicion. She had a lot of suspicion. That is what I picked up in the first film [*Sylvia*]. And, it escalated. It escalated. Escalated. Out of hand.” (IB)

“I wouldn’t say [it differed] vastly. I think the presentation is strong... **is profound enough for us to see real agreements between the other person’s [Sylvia and Ingrid]... similarities in the persons.** With the first film [*Sylvia*], **I had a more... I had a more... narcissistic... a narcissistic feel** to the character in addition to... a more narcissistic defence in addition to a borderline depiction. **The second one [*Black Butterflies*], it was more this... you know, being slighted.** So, the first one [*Sylvia*] was more like, I don’t know... a little bit more grandiose... a little bit more grandiosity associated with her. With the second one [*Black Butterflies*], more the vulnerable side. The defensive, also paranoid, suspicious side.” (IB)

“... she was Sylvia Plath. And, you know, there was more... how can I word this... I can’t say it well to you, but **she was more... elegant. There was more elegance associated with her. Whereas with *Black Butterflies*, with Ingrid Jonker, there was greater shamelessness associated with her.**” (IB)

According to Böhmer (2011), researchers, such as Browning (2003), argue that the respect that therapists need to show towards their patients’ unique story is essential. This respect and acknowledgement towards the uniqueness of an individual is only therapeutic and restorative when it is shown towards a specific person concretely and not just to abstract descriptions from a textbook.

“I experienced Sylvia as being much more serious and then Ingrid is a much more reverse or carefree soul. But, **there were a lot of similarities** that you could see. Especially if you had the background of the diagnosis and the education that we have

received. But, how did I experience the difference? Ja, Ingrid is kind of irresponsible and you get frustrated with her for being like that. Whilst with Sylvia, she also did stuff like being erratic when saying that her husband is cheating and so forth, but **the emotional pull was different.**” (IE)

Both, Participant A and Participant F, agreed that there were definitive similarities between the protagonists Sylvia and Ingrid. Participant E mentioned that the background of the diagnosis aided them in seeing the fundamental resemblances. Yet, there were important differences that were notable in both the films. Sylvia, as noted by Participant A, came across as less angry than Ingrid. In his diagnosis, Participant A described Sylvia to be more elegant, grandiose and narcissistic in addition to her borderline personality traits. Participant E agreed with this in stating that Sylvia was portrayed as much more serious compared to Ingrid. She spoke of a “different emotional pull,” which can refer to unique countertransference of the protagonists Sylvia on Participant E and a unique connection to her shadow side.

Ingrid, as described by Participant A, was depicted as having continuous discontentment and intense anger. There was a greater shamelessness and vulnerability associated with her character. Participant E voiced that Ingrid came across as irresponsible and carefree. This irresponsibility of the character caused the participant to feel frustrated with her. This “emotional pull” is different to what Participant E expressed with regards to Sylvia’s character.

“I think the thing is that people should be aware or should be careful of **not taking that as it is and saying this is how, this is a picture of a borderline personality disorder. Because I think it presents itself differently all the time. So, ja, it was a good illustration...**” (IF)

#### 4.2.4.2 “Going below the surface”: Moving beyond the explicit level of BPD

Participants frequently alluded to gaining a deeper understanding of BPD in a way that is not easily verbalised. Phrases such as “you see it in a different way,” “below the surface” and “you really start understanding it” all indicate that there is an implicit level of understanding the disorder, which cannot be learnt from textbook definitions but can be portrayed in films. As such, Participant A and Participant B indicated the following, which alludes to Kernberg’s (1975) reference to the borderline constellation he describes as “specific defensive operations at the level of borderline personality organisation” (p. 6). Participant A and Participant B stated that they could actually *see* the phenomena of splitting (Sadock et al., 2015) as opposed to just reading about it in theory.

“You see the projective identification, you see the splitting, you see the devaluing. So, I think is just that it becomes quite theoretical and then **you see it in a different way.**” (IA)

“Bringing the cracks together. You know, sort of sealing the cracks, you know. It’s as if their constant... like you’ve said! Contradiction. **Bringing the contradiction together**, you know. **Trying to resolve the... contradiction all the time. It was just a stunning display of that.**” (IB)

“... **you really hear their suffering.** They’re really trying to fill the cracks. They really try to resolve the contradiction all the time.” (IB)

“You can **really see** how **immersed**, completely immersed she [Ingrid Jonker] is... in her conviction that he [Jack Cope] hates her. And, to see these two realities... hers and his... and, that is a borderline person’s life.” (IB)

In connection with Participant A’s statement of actually *seeing* the defensive operations typically associated with BPD (Kernberg, 1975), Participant B reflected on something similar. He alluded to the relational dynamics that often accompany the projective identification, splitting and devaluation of BPD. His expressions speak to an understanding that goes below the surface of such defensive operations within the unconscious of the patient. In moving beyond the explicit level of BPD, he understood how the films were an effective tool and gave “a stunning display,” going beyond textbook descriptions of mental disorders to give a depiction that mirrors psychodynamic formulations (Böhmer, 2011).

“When she [Sylvia]... when she saw in her neighbour, who lived downstairs... she said something like she recognised in him something about her own father. So, even amidst the anger there is a lot of vulnerability. You know, the anger is more the defence. Is more the coping with the contradictions. Is more, you know, helping them to survive. And that was almost as if **going below the surface of the defence and seeing...** the truly vulnerable-seeking self, you know.” (IB)

Here, as the participants acknowledged the uniqueness of each individual story of BPD, the father figure became significant. Therefore, films can challenge and expand already taken for granted theories. The father figure is not often alluded to in literature with regards to the aetiology of BPD. To illustrate this, Kernberg (1975) proposes individuals with borderline personality dynamics continuously regress into the rapprochement sub-phase and



repeatedly re-encounter the crisis of fearing rejection from the *mother*. Similarly, Masterson and Rinsley (1975) claim that it is often the case that the *mothers* of adult borderline patients leave a strong impression that a separation from their child means a simultaneous hostile rejection and immediate withdrawal of love. Furthermore, Adler (1985) argues that the *mother's* involvement in critical phases of the child's life was rather insufficient. In connection with this, Participant B stated:

“I think one element that stood out more strongly was the father figure. In the past I used to explore more the relationship with the primary caregiver, the mother. Which is usually the mother. But, I think the role of the father – especially in this triangulation – with them and the mother **and** father. Sometimes, I... **in the past I've missed the triangulation**, you know. The third person coming in, which is the father. And **it is usually with that additional person where the dynamics get shifted**. So, that is something that stood out more, you know. **And it should be something of greater clinical focus. It's the role of the father... or the father figure.**” (IB)

Moreover, Participant B's observations can be linked to Bateman and Fonagy's (2004) mentalisation-focused therapy model on attachment, which specifically targets the inability of many patients with BPD to mentalise and understand that the perception they have of themselves or others are not absolute. In other words, people with BPD typically struggle to understand mental states as subjective and flexible instead of infallible and fixed. Here, Participant B alluded to both Sylvia and Ingrid and their inability to see past their own subjective realities. Their subjective worlds are already too overwhelming so considering others' views can be exhausting:

“Complete immersion, while their friends, their spouses, their children are at a loss because... because a borderline person’s reality is completely – in many aspects – completely different from other people’s realities and intentions. So, to create an awareness of these differences in perspectives, differences in subjective experiences, **those films most certainly depicted it.**” (IB)

Finally, Participant E referred to the “non-threatening” environment the films posed to the viewers. Films can offer training clinical psychologists a platform to tinker around and reflect on specific diagnostic criteria within a safe space as it all occurs in a virtual reality. As Izod (2000) states, through films as an educational tool, therapists-in-training are given the opportunity to explore the role and importance of emotions. Emotions have the potential to disrupt the equilibrium of the psyche when individuals are viewing films. However, the feelings that are evoked when engaged in a film are tied to a virtual reality and hence are experienced within a safe environment. In this environment, the individuals are given an opportunity to deepen their self-awareness and gain a more profound understanding of a certain topic (Izod, 2000; Powell et al., 2006).

Based on the above, films offer a safe and playful learning environment for two reasons. Firstly, the training clinical psychologists can explore their emotions with the assurance that the feelings that are evoked are linked to a virtual reality (Izod, 2000; Powell et al., 2006). The viewers take part in archetypal learning and can probe into their own shadow. Secondly, by means of the films as educational tools, the training clinical psychologists are in a safe space to experiment with wild ideas, take risks, make mistakes and test boundaries. All these are essential elements of playful learning (Resnick, 2017).

“It's like a non-threatening way to see it happening. Because **it's a different thing if you understand it and when you really start understanding it.**” (IE)

#### **4.2.4.3 “Painted a better picture”: Gaining insight into the complexity and intensity of BPD**

Similar to **sub-themes 4.2.4.1 and 4.2.4.2**, participants shared how the films presented different ways of seeing BPD, which includes aspects such as the social dynamics between the BPD sufferers and those around them as well as the “interplay between symptoms”. Again, these aspects cannot be relayed by a textbook, and are not easily seen or understood within a therapeutic context. As participant B explained, having this broader understanding of BPD may help a therapist to pick up on things said in passing that are diagnostically significant and would have otherwise been missed.

“... some of the things that indicated a diagnostic point may not have stood out as profoundly. And it is understandable, **it just indicates to you as a diagnostician or as a clinical psychologist that even if people... even when people mention something in passing it can be quite profound... diagnostically significant.**” (IB)

Individuals with BPD can communicate with their therapists in many ways (Böhmer, 2010). It is crucial for the psychologist to grasp the content, the type of communication and the underlying defences to help create a language for the inner, subjective experiences of the person. The real issue is the magnitude of the person's underlying emotions, which can be so agonising that to feel them is unbearable (Böhmer, 2010). The role of a therapist is often to initially act as a container for these painful feelings. Typically, this is viewed as an essential role of psychoanalytic psychotherapy and is of crucial importance in any interaction with a

patient (Böhmer, 2010). The subjective world of a person with BPD can be so overwhelming that it is often difficult for a therapist to understand the objective side of the story, of what really happened. Participant F and Participant B expressed the following:

**“... that painted a better picture for me in terms of understanding.** Because like, if you're sitting with just a patient here, they're gonna give you their side and their view and their thoughts and how things are. And, some of them can manipulate. I mean it's part of their self. Sometimes, it can become part of their personality. Some of them just don't give a straight version of the story. Sometimes, they tend to play victim quite often. They don't own that responsibility. And, seeing the holistic picture, like you say, or seeing it from different perspectives in the movie with the different characters and how it impacted them as well is quite helpful... I think also in practice **it's also very important to get collateral information. Not just from the patient, but from their family members as well. It highlights that significance.**” (IF)

“... subjective experience might not be as accurate as what actually happened. They might, you know, project. They might bring their own internal chaos of personal events, **while objectively maybe something else might have happened.** Or... interactionally, you know, in a relationship when there is... suppose they bring relational issues to therapy. They have their perspective, but we know the other person also has their perspective. Okay, so, after viewing the film obviously, it just... although you would embrace the subjective experience, **to not be flooded by it because there is always also... we need to appreciate that their perspective of things are very profound and they are very engulfed in their experiences.** So, in order... especially for therapy, to

bring about a mentalisation or... **greater perspective-taking**. You need to be aware of **their limited scope** in their perspective. That would be a starting point.” (IB)

For a therapist to be able to recognise and understand different interpretations of the same event or situation is important. As mentioned above, the subjective experience and world of someone with BPD can be consuming and it is frequently difficult to distinguish between the truth and projections. Participant J spoke of the manner in which people with BPD often adopt someone else as a soothing figure. The failure to adequately develop a soothing maternal introject often presents itself later in situations and the adult seeks these self-object functions not internally, but rather externally in another person (Adler, 1985). Similarly, Participant C argued that the films showed how easily individuals can get caught up in the push-pull dynamics of being around a person with BPD. Participant B further expressed that, unlike with his own patients, he could actually *feel* the envy, which is so typical for BPD, in both Sylvia and Ingrid.

“The **interplay between the symptoms** was also evident – like her instability in her sense of self and how she then ‘**adopts’ someone to soothe** her from the outside – but as soon as she sees any form of rejection, she pushes away and acts out.” (QJ)

“... **it’s given me an understanding of how intense and complex it is**. And, **how easily people around such a person get caught up in the dynamics**, you know. And, how it become a kind of this push-pull dynamic that whoever is in a relationship with such a person, really struggles to get out of. I think because of... the good side is so good. It makes you forget about the bad one. **So that has given me some insight about how people’s lives are who are dealing with someone like this.**” (IC)

“And also, **how serious this is**, you know. It often ends with someone taking their life. Or whatever. Or, in this case also I would imagine what the effects were on her (Ingrid’s) daughter. Having to live with that.” (IC)

“... **you can actually feel it, instead of just reading about it**. This is kind of good in a way because of when I... the borderlines that I’ve seen here (tertiary psychiatric hospital), with those kind of structures... often it’s very hard to **actually feel**... they are very much envious in front of you... but **you can’t really feel... the envy. It doesn’t reach you. While in the films it kind of did. So, that was very insightful for me.**” (IC)

Being aware of all the “push-pull dynamics”, as argued by Participant C, and being able to recognise and feel the envy, the projections and the pain that lie under the defences of the individual with BPD is imperative for a psychotherapist. Seeing not only the patient’s perspective but also recognising its intensity and magnitude, and placing it into a more coherent, holistic context, can be helpful in therapy.

A psychologist dealing with a person with BPD has to be able to juggle many different possibilities and theories of mind. Films can offer a *playful* manner (Mardell et al., 2016; Resnick, 2007) for training psychologists to practice this perspective-shifting and recognise when a patient is projecting or hiding behind defences. As Böhmer (2010) argues, any kind of interpretative psychotherapy is based on the ability to entertain thoughts, to “play” with possibilities. A therapist needs to be able to “tinker around” (Resnick, 2007) with different possibilities all the time. Similarly, Participant F and Participant D stated:

“... that just **gave me a different outlook on how they are, how situations might be when they're home**, 'cause, like I said, when you're sitting here with patient it's kinda like they'll tell you about their experiences. They'll tell you about, you know, difficulties their having in their **relationship, but then that just gave a different outlook as to how it could be, like an illustration of a picture of what kind of difficulty they experience in themselves...**” (IF)

“So, maybe before I didn't really... like I **knew** it, but not the way it played out in the film. And, **it kind of gave me a different perspective.**” (ID)

“... **you don't realise with patients who I sit here with or patients that I read theoretically on. So, the difference that I saw in there, it's yoh it's... the intensity of the emotions they experience.** I don't know if it whether catastrophised, but **it's different to how I've imagined it in reality** with patients or clients that are Borderline.” (IF)

Projective identification occurs when a person does not have the ability or capacity to verbally express his/her problems and pains (Böhmer, 2010). Many individuals with BPD are therefore not able to “play”. If projective identification is the primary communication channel, the receiver, the therapist or, in Ingrid's and Sylvia's case, their partners and families have to tolerate a great deal to convey to the individual with BPD that the projected emotions are bearable (Böhmer, 2010). Naturally, the unconscious hope of both Ingrid and Sylvia (and many others with BPD) is that their partners can endure these emotions, contain them and make them more bearable. For Jack Cope or Ted Hughes to understand (or not to understand) such interactive pressures as a type of communication was interesting for the

participants to view in the films. Participant D alluded to the way individuals express themselves and that it is inevitably shaped by their upbringing. Ingrid was brought up by a father who was punitive and harsh. Participant D stated that she would make use of the insights she gained from the films and incorporate it more in her own therapy sessions with patients. She refers to the abovementioned projective communication channels and expressed:

“I definitely think the way you **express** yourself is shaped then by how you’re brought up and I think... you know, and what I said was, you know, **punitive, harsh, rigid families or parenting styles where they aren’t able to voice themselves**, for me have a strong link with the borderline personality disorder. And, maybe, more the behaviours that they exhibit. And like the self- harming, the self-sabotaging... and, I almost feel like it’s a way that they’re trying to express themselves **because they didn’t have a voice in their families**. So, I think yes... I think it’s really important and **I would definitely use that in therapy** then. I mean, I think her relationship with her dad is really important.” (ID)

For a therapeutic response to occur the psychologist has to remain in the interaction and accurately identify the interactive pressures as a type of communication channel (Böhmer, 2010). Participant F and Participant B argued that one has to be aware of the nuances and events that an individual carries from childhood and that are later expressed in underlying defences. They expressed that it is important to understand the full picture, history and beware of the finer meanings:



“... how developmental... how like it is where something has taken up from them being a child and the relationship that they had with their father and how it has continued on and carrying on into their current relationship. So, ja, **that was quite a good picture for me to see and understand it better...**” (IF)

“**Finer meanings** are conveyed.” (QB)

#### 4.2.5 Films as educational tools

This theme comprises four sub-themes all focusing on the potential educational value that films can add to the learning experience and how this can be done in an ideal fashion. The theme also shows the potential disadvantages of doing so.

**Table 4.6 Theme 5: Films as Educational Tools**

4.2.5 Films as educational tools	<p>4.2.5.1 From the abstract to the “concrete”: Utilising films to augment course learning material</p> <p>4.2.5.2 “A primer of what to look for”: Reading preparation before and a group discussion after viewing to increase the educational value thereof</p> <p>4.2.5.3 “Condensing... diagnostic facets”: Highlighting aspects of BPD through the use of film clips</p>
----------------------------------	--

	4.2.5.4 “Overemphasising for theatrical effect”: Possible disadvantages of utilising films for educating about mental health disorders
--	--

#### 4.2.5.1 From the abstract to the “concrete”: Utilising films to augment course learning material

Participants agreed that watching the films helped to “consolidate,” “solidify” or “cement” what they had previously learnt. The films were therefore viewed as augmenting educational tools. Incorporating films for this purpose into a psychopathology curriculum offers a playful manner of learning. Playfully immersing oneself into the world of the characters, imagining what it must be like to be them, feeling their hardship and being able to tinker around with diagnosing in a virtual reality all form part of learning through play. Training clinical psychologists can practice and tinker around with the thought of having a real-life patient sitting in front of them. Participant A, Participant D, and Participant E stated the following about the films’ ability to augment course learning material:

“... we watched some of the *In Treatment* series and it’s not about what’s perfect or watching something... but it’s just about thinking about it. And, it’s **nice to let things sink in you know**... It’s nice to read about something or have a lecture about something **after you have watched something**. And, it just kind of **consolidates it for you**, you know.” (IA)

“It’s just **cementing it**. Making it more accessible. Maybe **more easy to remember what you read** because you also watched it.” (IA)

“... **enhancing the learning and the deepening of the understanding...**” (ID)

“... it made it **visible** and **tangible**... the reading. **From an abstract level to a bit more like a concrete**, touchable way. So, it linked very well. And with the DSM, ja, **you could basically see everything that we've learned** about the DSM in the movie.” (IE)

The participants could also playfully go about imagining how the disorder can possibly affect the person’s interpersonal relationships and social dynamics. As Vygotsky (1978) elucidates: “[the] greatest achievements are possible in play, achievements that will tomorrow become her basic level of real action” (p.100).

“I think, theoretical knowledge and reading up on something and understanding the basis of it is very important, but then now bringing in the movie or the cinema aspect to it brings more practicality to it. So, it’s sort of like something that's been learned already but then it’s almost like, ja, it’s **bringing it to life**, it’s... now I forgot the word... there is ‘**encoding**,’ there is... something that’s repeated in your mind... **Cements your knowledge!** That’s the word! (Laughs)” (IF)

“... it’s **different than when you read the case study and they have to say, 'she's feeling like this whilst the patient, ag, Ingrid or Sylvia is portraying an emotion.'**” (IE)

The statements made by the participants also link to the theory of archetypes of the unconscious schemes or patterns. These unconscious schemes and patterns could also be contained in the course material that the participants had already previously learned. These abstract concepts or mental representations are at first without concrete substance or content. However, the images can eventually gain solidity and, through the experience of empirical information, evolve into consciousness (Jung, 1960). It is through experience, as Gramaglia et al. (2013) explain this transitioning process, that archetypal representations shift into consciousness and realise their potential into certain behaviours, images or different forms of interactions with the external world. It may thus be argued that pictures serve as a significant mediator between *a priori*, unconscious archetypes and conscious, active learning processes (Gramaglia et al., 2013). As such, films, as dynamic images, create awareness of unconscious concepts.

“... it just **solidified many things**, you know. It solidified the sense of existential contradiction, you know. Who they are. Even contraction in identity. The constant sense of emptiness. Their unquenchable neediness. Unquenchable, you know, hatred, rage, jealousy. And, it’s almost these primal drives, you know. Especially aggression that fuels their survival.” (IB)

#### **4.2.5.2 “A primer of what to look for”: Reading preparation before and a group discussion after viewing to increase the educational value thereof**

Participants generally agreed that preparation in the form of reading before viewing the films and a group discussion after would enhance the educational value of the exercise. There were some differences in opinion, however, as to whether it would be more beneficial to watch the film alone or to watch it in a group setting. In either way, in order for playful

learning to take place, it seems that the settings need to be conducive to enable learning to take place. Learning playfully means that the individual is relaxed, engaged and challenged – all psychological states that are highly conducive for learning. The benefits of playful learning have long been acknowledged as a fundamental educational method (Dewey, 1944; Hirsh-Pasek et al., 2009; Huizinga, 1955; Piaget, 1971; Vygotsky, 1978). In tertiary education and professional workspaces, the playfulness becomes more challenging and complex with more advanced rules. In the psychology profession, playfulness can include needing to think creatively and playfully on a daily basis. However, the essence of playful learning remains the same and so do the benefits: enhanced social, emotional and intellectual development.

“... I think **it’s good to do the reading before watching the movie and then I think a discussion about how and where did you see the traits of Borderline and where did you not**, more importantly. And, how was Sylvia different from Ingrid. And, where did you see it and where didn’t you see it. And, what didn’t fit it in. What didn’t you expect.” (IA)

“Sylvia said, ‘sometimes you remind me so much of my father’. You know, it was almost towards the end of the clip and I nearly missed that. So, **in an educational setting obviously, discussing a film like that would highlight these diagnostic punctuations...** or something like that. So, even though it might be a drawback... it might be something that might not be as clearly depicted diagnostically or in any other way in a film, **it can be compensated for by discussing it in an educational context.**” (IB)

Resnick's (2017) creative learning spiral applies to the two films *Sylvia* (Owen & Jeffs, 2003) and *Black Butterflies* (Van Gestel & Van der Oest, 2011) in the following ways:

The training clinical psychologists *imagine* what it is like to be Ingrid Jonker and Sylvia Plath. They can *imagine* what their interpersonal relationships must have been like. They can imagine their pain and hardship. They can imagine what it is like to present with BPD. *Imagination* also took place when the intern participants were going through the reading that was handed out prior to viewing the films. As they read through the contents, the interns started to form internal images of the abstract theoretical premises of BPD. Then, as the interns watched the films, they started to *reflect* on the reading. Most of the participants mentioned that the reading primed them what to look out for in the films. The reading became more concrete and the theories and diagnostic criteria were "cemented." The initial *imagination* taking place while reading was *reflected* on while watching the films.

The participants also *created* their diagnosis. They then tinkered around with diagnostic ideas and changed their opinions. They engaged in *playful* learning. They were aware that the characters in the films are not real current patients and the learning environment allowed for them to explore ideas they would not be able to explore with real patients. Throughout both the films, the researcher noticed how the participants would speak among each other. Sentiments were shared such as: "Wow! This is exactly like my patient would behave!" They were *sharing* their thoughts and ideas with their colleagues in the room. Most participants also noted that a discussion after the films is ideal as it gives them an opportunity to *reflect* and *share* ideas.

The open-ended questionnaires also gave them an opportunity to reflect and assimilate their thoughts. They were able to integrate the readings and the films. Furthermore, the semi-structured interviews conducted after the open-ended questionnaires offered another platform on which to reflect and the participants agreed that the conversation was helpful. To

conclude Resnick's (2017) creative learning spiral, the interns engaged in *imagination* again. The participants thought of ways to integrate their new-found insights into their own psychotherapy sessions with patients. They mentioned that it refreshed their empathy for people with BPD.

"I would say a recommendation would be to give the film to be watched at home. And **the next day to have a discussion and your selected clips ready.**" (IB)

"I would much rather say we need to have a student group to watch the films together **after** hours. And, they can pause and discuss and share thoughts and share feelings. Carry on, pause, discuss. The same thing. And, then then discussion can just be continued in class the next day. Ja, I think the instructions should be clear. But, they should discuss amongst themselves first. **I think there is a much greater insight also to hear from other people** what their experience of the characters are." (IB)

"You would, maybe, have to watch it once more to **really** get into the finer nuances of the portrayals. And also, **the readings beforehand are also good**, you know." (IC)

"The DSM stuff **you can literally read them like this and you can tick them off as they come.** Ja, so, I think that definitely... it's like **a primer of what to look out for.** Otherwise, I wouldn't have noticed a lot of these things." (IC)

"... you can see your colleagues kind of reacting like, 'Ugghh! This is typical borderline' or whatever. You know, so... but it does for me... it distracts me a little bit having them around (laughs) because I end up, you know, talking to them and, you know. But, other than that, I don't think it's too bad. I think to watch it individually at

home, you're going to lose that awareness of what you're looking for. While here, everyone knows that they are looking for something. And, some people can see it while others maybe don't." (IC)

"We work with this stuff all the time. So, we're in **that** mindset. As most of us go home, we're tired. **We're not in a psychology mode** or ... So, if I'm going to watch a movie there... I don't watch these kinds of movies at home. I watch *The Fast and the Furious* or some junk-ass movie that takes my mind totally away from work. So yes, **watching them in a work or classroom context, puts you in a frame of mind. It's a learning experience and not a relaxing experience** of such. So, definitely, I would rather not watch it at home." (IC)

"I think, **discussions after... that's really important**. And, I think **in a group that could also be interesting**. 'Cause like you say, **people have different perspectives and bring up different things**. So, **I think that would enhance their experience**. **Like, maybe, a group discussion or something**. But, like I said, for **me** it's nice to give it a time period **before** the discussion would happen. So, that there would be a little bit time to... self-reflection before group-reflection." (ID)

"... it's **fun** (laughs). It's nice. It's enjoyable. Other benefits.... And, **it's actually a nice platform to create discussion or conversation from what you're seeing**. Ja, it's different than when you read the case study and they have to say, 'she's feeling like this whilst the patient, ag, Ingrid or Sylvia is portraying an emotion. **So, we can discuss it as a team and see what's going on there.**" (IE)



“... it did enhance my experience. It did definitely. **I did see a lot of what was in Gabbard's reading in the movie. I did see a lot of that and it did enhance the experience.**” (IF)

“... with the group setting I was **a bit more distracted** because everyone is kind of making a comment and influencing how you're experiencing it, in a way. But, **if you're watching it at home, I think I'm more emotionally present in the film.** Ja, and **you're not influenced by others.**” (IE)

“I think I like both contexts... in a group setting it's like, 'Okay, we're watching this, we're all together. We are all learning, collectively, just like when you're in class with everyone else.' And also, sometimes you can share ideas or if you, you know, you can pass comments or speak about something that you recognise **together**... But, also, watching it just to... maybe as a refresher or whatever, I would also do it at home on my own.” (IF)

#### 4.2.5.3 “Condensing... diagnostic facets”: Highlighting aspects of BPD through the use of film clips

Most participants felt that watching the films in its entirety was important. Although clips could be useful to highlight certain aspects during a discussion time, context would be lost if they were not used in conjunction with the full-length films.

“... the clips at the end were useful, 'cause it then **highlights these aspects.** If you're focusing on that for minutes, it's much easier... than the whole film.” (IC)

“... the full-length movie will obviously give you the fuller picture and it will **create context as to why they are like that**. It begins when they are younger and then you get to understand the development and the aetiology more. But, it’s very time consuming. And, I don’t think everyone always has time to watch the whole thing and sometimes it can be redundant when they keep on repeating the same patterns of rejecting people and eliciting empathy and so forth. But, I do think that I prefer the full film than shorter bits. Because it’s **more of an in-depth experience than the bits**. Ja. And, then, **if you just watch the bits it takes away the emotional experience that I think is one of the main benefits of watching the movie**.” (IE)

“I think it’s important to show full-length movies. I know, ja, **clips can be useful, but they don’t give the full picture, I think. I don’t think they give a bigger picture or... things can be taken out of context and then also misinterpreted**. Just focusing on just that scene or that clip. So, **I think it’s better to have the full movie. And, then also at the end with the little refreshers**.” (IF)

“... the disadvantages, **showing just clips as opposed to the movie, is that you might get the impression that diagnostically certain features would stand out clearly, whereas this is not the case**. Sometimes you need to listen carefully. You need to be observant, you know, even in therapy. Sometimes the most significant information comes out while you walk your patient out the door. Ha! As with that clip... right at the end she says, ‘you remind me so much of my father.’ In passing... almost in passing. And, **it was significant. Ja, so, I would say it shouldn’t be an either/or-thing. It should be a combination. Showing clips condensing these diagnostic... facets could be quite important**.” (IB)

“I think the only disadvantage with clips is that **you’re losing a lot of context**. But, maybe **if they’re introduced in the right way you could, you know... it would be okay**. So, it would really depend on how they’re being used I think... for me. I think there is a benefit for both and there is a place for both.” (ID)

#### 4.2.5.4 “Overemphasising for theatrical effect”: Possible disadvantages of utilising films for educating about mental health disorders

Participants felt that a possible disadvantage of utilising films as an educational tool is that due to the dramatic nature of performances, BPD behaviour may be exaggerated and those individuals with the disorder may be further stigmatised. They also pointed out that this issue could be mitigated though if the viewing process is managed and given context. Participant B also suggested that watching more than one film highlighting a particular disorder to avoid generalisation and give a more balanced view of how it manifests differently across individuals (please refer to **sub-theme 4.2.4.1**).

“... you could choose almost any movie and put a borderline trait in it. And, then **you can make the stigma worse**. I don’t know if that maybe gets like a thing and then it becomes like almost like a... not commercial but like... and then **you have people casually diagnosing everybody as borderline**.” (IA)

“... if it doesn’t have a proper discussion and a proper reading and **a proper ‘home’**, then I think **the movie can be dangerous**. Because there are certainly parts of it that

do not fit into the borderline. And, then when you see those in therapy you do become confused. So, I suppose, **it just needs to be carefully managed.**” (IA)

These observations link with the argument made by Wedding and Niemiec (2003) that the educational benefit inevitably varies among films in terms of either promoting certain stereotypes or conveying meaningful content. Naturally, the educational impact of films can be both positive and negative:

“... they would jump on it and make it... you know to **portray the worst borderline** or the worst Schizophrenic or the worst what-have-you and the psychotic person who is dangerous. And, most of the people are not. And, **make people afraid. And, make the stigma worse.**” (IA)

“Some film portrayals may seem a bit **too emphasised** or misrepresent certain aspects of situations, symptoms or circumstances. They may **amplify** certain scenes...” (QG)

“... if a film like that would be shown all over the world, **people might start diagnosing their spouses, brothers, family members or friends.** Then again, it is not... I don’t think... I don’t think the purpose of the film is to depict borderline personality disorder. I think borderline personality disorder is just an aspect of the film. So, depending on the viewers, obviously, **someone who is not as attuned to diagnosing would just miss it...**” (IB)

“I would say, it was good to show us two. And, I think it would be necessary to show more than one at least... films. **Just to get a balanced depiction. Obviously, no two**

**person who present with borderline personality disorder are exactly the same.**

With some you have much more... much stronger countertransferences than with others. Some have, you know, maybe some might be more... suspicious than others. Some might be more emotionally dependent than others. So, it is good... it would be good to show more than one. **I say two or three films just to get a balanced feel of how the disorder may present.**" (IB)

"... you do run the risk of then **over**-emphasising or **under**-emphasising some things for theatrical effect." (IC)

"... people who aren't studying and then let's say they have a partner who is diagnosed with borderline personality disorder **and then you watch a film like this and then you think that this is exactly how things will play out.** So, I think it can... it **might**. Ja, but I think... for the most part for me beneficial than what it could be harmful." (ID)

"It's more there that **it may have a negative impact in terms of how people perceive them. And, if they have been given a diagnosis.** But, other than **that**, that's all that I can think of." (ID)

To appreciate the usefulness of films as educational tools, it is imperative to be at least aware of the possible disadvantages of films and how they might misrepresent the psychology profession or uphold certain stereotypes about mental disorders (Eber & O'Brien, 1982). Orchowsky et al. (2006), and Wedding and Niemiec (2003) state that films present negative depictions of psychotherapy. Orchowsky et al. (2006) argue that it is thus important for clinicians to remain cognisant of the cinematic depictions of mental disorders,

psychotherapy and psychotherapists. By training clinical psychologists to be more conscious about the role of the cinema in constructing the image of professional psychology, the chances are higher that stigma can be decreased around mental health care (Orchowsky et al., 2006).

“It might **create a certain picture of what things are**. So, um I don't know how to describe this. Almost **setting the bar to a certain standard because these were quite... both of these individuals they were fully like borderline. They had all the traits and then you, you know, you form a picture of this is how borderline look like**. But, it can present differently. So, biasing you in a way to how it might be. **But, that's not necessarily a disadvantage. You just have to keep an open mind and know that it can present differently, which comes with experience.**” (IE)

“I think, the thing is that people should be aware or should **be careful of not taking that as it is and saying this is how, this is a picture of a borderline personality disorder. Because I think it presents itself differently all the time**. So, ja, it was a good illustration, but I was... I think at **some parts I feel like were a bit extreme, you know.**” (IF)

“... a disadvantage would just be then if **one would just focus on the film as an example or an illustration of the disorder and not consider other factors.**” (IF)

Films as educational tools can add to the learning experience of intern clinical psychologists. Films can be used to augment course learning material as they transform the diagnostic criteria from abstract to “concrete.” To increase the educational value of using

films as educational tools, the reading should be done before the viewing of the films and a group discussion could be facilitated after the viewing. The carefully selected film clips helped to condense the diagnostic facets as they highlighted specific aspects of BPD. A possible downside of using films as educational tools to teach about mental disorders is overemphasis for theatrical effects.

### **4.3 Conclusion**

The analysis of the data resulted in five major themes and their respective sub-themes. The data was analysed in an inductive fashion. The step-by-step guide of IPA proposed by Smith et al. (2006) was applied. Although the analysis was conducted inductively, the researcher also made deductive inferences from the data based on Jung (1981) as well as Hillman's (1998) contemplations about the link between archetypes and images, learning and archetypal experiences (Gramaglia et al., 2013). The importance of and connection to 21<sup>st</sup>-century learning skills, the creative learning spiral (Resnick, 2017) and Mardell et al.'s (2016) pedagogy of play were also taken into consideration while analysing the data. Finally, the analysis of the data was guided by the research question: How can films aid the understanding of the dynamics of BPD?

According to the American philosopher Nussbaum (1998), the primary purpose of education is to cultivate humanity. She argues that the capacity for narrative imagination to cultivate humanity is of utmost importance. This concept refers to the skills to empathise with others and to place oneself in someone else's context. As one develops these capacities, one becomes increasingly suited for world citizenship in the 21<sup>st</sup> century.

The concluding chapter of this study provides an overview of the overall findings. It also highlights the strengths and contributions to the existing body of knowledge in this

research field. Next, Chapter 5 explores the limitations of the current study and concludes with recommendations for future research directions.



## Chapter 5: Conclusion

### 5.1 Introduction

This final chapter of the study begins with an overview of the overall findings. The potential contributions the current study makes to the existing body of knowledge on the role of films as educational tools are discussed, followed by an acknowledgment of the limitations of the study. Finally, the chapter concludes with recommendations for future research in this field.

### 5.2 Overall Findings

The aim of the current study was to explore the role of film as an educational tool for South African intern clinical psychologists to aid the understanding of the dynamics and subtleties of BPD. Prominently, all intern clinical psychologists agreed that the films *Black Butterflies* (Van Gestel & Van der Oest, 2011), and *Sylvia* (Owen & Jeffs, 2003) are useful educational tools to portray the dynamics of BPD. The findings of the current study suggest the ability of the two films to draw one in and to cause one to emotionally connect with the characters and the lasting impact of this deeper connection. The interns expressed that the films enabled them to have a more personal association with the characters and their struggles.

Connecting with the film characters evoked empathy for those diagnosed with BPD. Feeling what a person with BPD is feeling resulted in the interns vicariously experiencing the protagonists' challenges related to BPD. The participants were also able to forgo their notion of being detached as a clinician when entering into the lives of the characters. Having a personal connection to Ingrid Jonker and Sylvia Plath allowed the participants to think of them as fellow human beings rather than only clinical patients. As such, the interns gained a

deeper understanding of their shadow as they expressed their thoughts of understanding all people as primarily connected by an underlying humanness.

The intern clinical psychologists also expressed that the films enhanced their cognitive learning experience. In contrast to learning about BPD only from a textbook or manual, watching the two films invoked a strong emotional reaction and engaged their senses more. Moreover, as the characters in the films were not real-life patients, the interns felt that they were in a safe environment to consider differential diagnoses, which allowed the interns to be engrossed in a tinkering approach, characterised by an experimental, playful and iterative style of engagement. The interns could continually reassess their diagnosis, explore new paths and image new possibilities.

Participants referred to lingering memories of specific film scenes and how they might impact future psychotherapy with patients with BPD. This long-term retention can provide a deeper understanding of mental health disorders. Interestingly, recurrent aspects that came up when coding for this theme were relational dynamics and conflicts depicted in the films. Films can help interns go beyond identifying diagnostic criteria and assist them in constructing a psychodynamic formulation of patients (Böhmer, 2011), and an interactional formulation of patients (Vorster, 2011). The interpersonal relationships both protagonists, Ingrid and Sylvia, had not only with their partners but also their father figures and children prominently stood out in the film portrayals. It was also noted that both women were such auspicious intellectual individuals. The complexity of these individuals being so fragile and yet so talented was something that stood out in the films.

Participants continually pointed out where and how BPD symptoms manifested in the two characters. They stated that linking up of BPD symptoms with the behaviour of the characters served to augment prior learning.

Participant C stated that watching both films brought the disorder to life. It was a different experience compared to merely reading about BPD in a textbook or journal articles. Participant C further stated that the films formed a platform that future clinical psychologist use to prepare themselves for patients with BPD. Participant E iterated this argument. She argued that there are minimal opportunities to feel what it is like having BPD when memorising and studying the DSM. There will be an occasional case study to illustrate the symptomology of the disorder. However, as Participant E emphasises, there are no images, “nothing that really goes to your heart and that you sympathise or empathise with the person.” She further stated that the disorder became real with the characters in the films. Thus, the viewer is provided with the opportunity to understand and empathise with the agony and torment of the two women. The films provided a three-dimensionality beyond facts and symptoms.

The majority of the participants emphasised that the films made the disorder “more real.” They mentioned that it was relatively easy to find the diagnostic criteria in both Ingrid and Sylvia. Yet, the emotional side of the films as well as the “realness” was something that stood out for them. Interns also frequently shared how challenging it can be to work with people diagnosed with BPD. They also shared how the films “refreshed” and evoked empathy for BPD sufferers by shedding light on the reality of their struggles on those around them. The interns often referred to patients with BPD as irritating, challenging, unreasonable and exasperating. However, after watching the films, the participants expressed that apart from always seeing their patients with BPD as unreasonable and annoying, they could also now see the underlying anguish that they are constantly experiencing. They were reminded of the intense pain that lies beneath the defence mechanisms and psychopathology.

The naturally-existing power relation between psychotherapists and their patients was also mentioned. Participant E noted that watching the films narrowed the power imbalance

between psychotherapist and patient. After the films, she felt that she was not as distant from her patients. She could put herself in the positions of Ingrid and Sylvia. In this regard, Participant F also expressed that if she had had a similar upbringing to Ingrid, she would also have developed a borderline structure. This observation is a significant reflection for a patient-psychotherapist relationship as it eliminates “othering.”

Furthermore, the interns mentioned that the film techniques such as the lighting and music aided in vicariously experiencing the symptoms of BPD. The acting and the music cause one to vicariously experience what the characters are experiencing, which is a powerful characteristic of films as educational tools. Films can provide a window into the “real-life” aspects of living with a disorder, including how BPD symptoms and clinical features manifest in social settings and how symptoms play out in “real-life” scenarios. Part of arriving at this insight into the disorder is being able to momentarily suspend the role of being a psychotherapist and to “step into the shoes” of the characters. The film techniques aid this process.

The current study demonstrates that films can also be used as a platform to understand and discuss aspects of a disorder that often remain unknown or underemphasised. The clinical psychology interns were able to focus on the inter-personal and social dynamics of both Ingrid and Sylvia. As psychotherapists typically only see their patients in isolation from their social contexts, watching the films gave them important insights into how individuals with BPD behave amongst their partners, family members and friends within their day-to-day context.

The interns also expressed that the films provided a portrayal how one individual with BPD can differ from another with a similar descriptive diagnosis. Even though both Ingrid and Sylvia had insecure attachments to their father figures, the actual portrayal of this clinical feature is unique for each character. Ingrid’s insecure attachment and empty self was evident

in her continuously seeking for approval and acceptance in her father, Abraham Jonker, while Sylvia's self-perception holds an alien representation from her father, who passed away when she was eight years old.

Participants described being drawn into the films and not watching them as a psychotherapist. From their training and experience though, they can recognise and identify typical BPD criteria, symptoms and behaviour, and so there is a movement between roles. This process of symptom identification was likely prompted by the preparatory reading on BPD before watching the films and through daily experience working with patients diagnosed with BPD. As the interns had been already prompted by their experience as well as the reading, they could focus more on the crucial dynamics of BPD instead of just searching for diagnostic criteria.

The participants mentioned that they were able to view the films primarily as a person and secondarily as a clinician or psychotherapist. The two films provided a platform for the intern clinical psychologists to switch between the different roles. A psychologist dealing with a person with BPD should be able to juggle many different possibilities and theories of mind. Films can offer a *playful* manner for training psychologists to practice this perspective-shifting and recognise when a patient is projecting or hiding behind defences.

Moreover, the current study suggests that learning by watching meaningful and related films has an important enjoyable factor. It is different than learning from a textbook, as the learning process is almost effortless. It occurred without the interns being acutely aware of it. They reported that they got "sucked into" the worlds of the characters and often forgot that they were in a learning environment.

The current study found that films are also able to impart the more nuanced and implicit aspects of the disorder and by doing so, a deeper "below the surface" understanding of BPD is offered. It is often assumed that all people with BPD are the same. The films

revealed how the BPD diagnostic criteria can manifest differently across individuals. Participants explained how various scenes in the two films were able to capture the fact that although both Ingrid and Sylvia shared the diagnosis of BPD and displayed some similar traits, there were also differences in and a uniqueness to their BPD behaviour. This observation is a valuable insight into mental health conditions that films can give, which cannot be easily captured in other educational settings.

Films can help psychotherapists foster their psychological mindedness. The value of individualised psychological formulations lies in acknowledging the uniquely personal facets of BPD and the life of the patient. Participant B revealed that he could feel Carice van Houten's (portraying Ingrid Jonker) anger and discontent in the film *Black Butterflies* (Van Gestel & Van der Oest, 2011). Although agreeing that both Ingrid and Sylvia were presenting with BPD, he did not identify the same intense anger in the film *Sylvia* (Owen & Jeffs, 2003).

Participants frequently alluded to gaining a deeper understanding of BPD in a way that is not easily verbalised. Phrases such as “you see it in a different way,” “below the surface” and, “you really start understanding it”, all indicate that there is an implicit level of understanding the disorder that cannot be learnt from textbook definitions, but can be portrayed in films. The participants also acknowledged that the father figure played a significant role in the characters' life. The father figure is not often alluded to in literature with regards to the aetiology of BPD. Here, films can challenge and enlarge already taken for granted theories.

Moreover, Participant C stated that the films provided him with insights into how easily individuals can get caught up in the push-pull dynamics of being around a person with BPD. Participant B expressed that, unlike with his own patients, he could actually *feel* the envy, which is so typical for BPD, in both Sylvia and Ingrid. Being aware of all the “push-

pull dynamics,” as argued by Participant C, and being able to recognise and feel the envy, the projections and the pain that lies under the defences of the individual with BPD are imperative skills for a psychotherapist. Seeing not only the patient’s perspective but recognising its intensity and magnitude and placing it into a more coherent, holistic context can be helpful in psychotherapy with patients diagnosed with personality disorders.

Participants agreed that watching the films helped to “consolidate,” “solidify” and, “cement” what they had previously learnt. The films were therefore viewed as augmenting educational tools. The interns emphasised that the films should be utilised to augment course learning material. Participants generally agreed that preparation in the form of reading before viewing the films and a group discussion after would enhance the educational value of the exercise. There were some differences in opinion, however, as to whether it would be more beneficial to watch the film alone or to watch it in a group setting. Most participants felt that watching the films in its entirety was important. Although clips could be useful to highlight certain aspects during a discussion time, context would be lost if they were not used in conjunction with the full-length films.

Participants felt that a possible disadvantage of utilising films as an educational tool is that due to the dramatic nature of performances, BPD behaviour may be exaggerated and, as such those individuals with the disorder may be further stigmatised. This risk of generalising is also acknowledged by Middleton (2013). Yet, participants pointed out that this issue could be mitigated if the viewing process is managed and given context. Participant B also suggested that watching more than one film highlighting a particular disorder to avoid generalisation and give a more balanced view of how it manifests differently across individuals.

### **5.3 Contribution and Strength of Study**

The contributions that this study makes to the existing body of knowledge on the role of film as an educational tool and what potentially sets it apart from others on this topic are linked to the level of qualification and experience of the study's sample. The researcher consulted participants who were already providing psychotherapy to individuals with BPD. The intern clinical psychologists were at the end of their 12-month internship working in a psychiatric hospital. The participants have had extensive training not only in the form of theoretical coursework but have also gained experience dealing with and providing therapy to individuals presenting with various forms of psychopathology. Being in a psychiatric environment and dealing with issues surrounding psychopathology on a daily basis increased the strength of the study considerably. The participants formed a study sample that had extensive prior training and experience with people with BPD but were also still in a tertiary educational milieu. Essentially, the interns were straddling formal education and professional practice, which formed a definitive strength of the current research.

A further contribution of the study is its methodological strength. The researcher established credibility by means of data triangulation. The methodological triangulation specifically addressed the issue of internal validity often put forth by more quantitatively oriented studies (Barbour, 2001). This does not, however, mean that the shortcomings of the first data collection method, the open-ended questionnaire, is thought to be remedied by the semi-structured interviews – this is not the purpose of qualitative data triangulation (Lincoln & Guba, 1985). Instead, the researcher of this study incorporated the semi-structured interviews with the intern clinical psychologists' as a means of providing a rich, vigorous and comprehensive account of their experience, aimed at complementing and augmenting the questionnaires. Utilising more than one data collection method thus promoted a more profound understanding of the proposed films as educational tools.



Another methodological strength of the study is that the researcher consulted a professional co-coder to conduct an analysis on the data independently from the researcher. The co-coder reached consensus with the researcher on the major themes and sub-themes arising from the coding of the data and was confirmed by subsequent discussions.

Finally, the content and topic of the current research is timely as there is pressure to teach well and use effective and efficient educational tools. Almost 20 years into the 21<sup>st</sup> century, we have entered the conceptual age of creators and empathisers (Pink, 2006). Individuals need to be empowered to develop into advanced performers who are socially and intellectually confident and, perhaps equally important, have workplace and life-readiness with a comprehensive outlook and concern for their fellow human beings. This notion and importance of a concern and empathy for others moves away from a purely content-based, textbook approach of learning. The learning process should not just be based on logic but also empathy (Grosser, 2016).

Reason and logic alone will not be enough to comprehend what drives individuals, to nourish interpersonal relationships and to care for others. In the same way, Pink (2006) states that the skill to develop an equilibrium between being disconnected at times and then again attached to people or events is an important 21<sup>st</sup> century ability. This so-called intellectual empathy, to have the skill to understand another person and to put oneself in his/her position, is specifically important for the psychology profession and, more specifically, clinical psychologists-in-training. It is significant that clinical diagnostics are not to be viewed in a reductionist fashion, especially when it comes to personality disorders (Böhmer, 2011). Prominently, Vorster, Roos, and Beukes (2013) propose that congruence, unconditional acceptance and empathy establish an effective psychotherapeutic relationship that promotes the patient's self-actualisation and personal growth.

The current study explored film in the context of cinema education and found that it is indeed a powerful medium to extend education beyond the classroom, textbooks and frontal teaching (Georgopoulou, 2015). Story-telling and narrative film has been a much-loved mode of teaching from childhood and kindergarten to high-school and universities. In childhood, stories form the fundamentals of human understanding and communication (Kalra, 2011). When one looks at narrative films, one can see stories being told in a more accessible and audio-visually appealing form. Thus, cinema education offers experiential learning and is playful in its nature. Cinema education forms an amalgamation of learning, imagination, and enjoyment (Georgopoulou, 2015; Kalra, 2011). No other form of art can pervade the consciousness of a learners to a similar extent and with such intensity as cinema (Georgopoulou, 2015).

Furthermore, most participants mentioned the absence of confidentiality concerns. The films portrayed a mental disorder that evaded the ethical concerns related to the involvement of real cases and interviews with patients. This advantage is one of the main benefits of cinema education as it permits learners to explore their personal and unconscious archetypal responses to situations without direct clinical responsibility (Gabbard & Gabbard, 1999; Georgopoulou, 2015). This aspect adds to the strength to the current study.

#### **5.4 Limitations of Study**

Although the sample of this study was strong in terms of the participants' level of qualification and advantageous balance of practice and education, the sample does not lend itself to describing a prototype of South African intern clinical psychologists' views of films as educational tools. Although the participants showed a great diversity of different university contexts, including University of Pretoria, University of Johannesburg, University of South Africa, North-West University (Potchefstroom), University of Cape Town and University of

Kwa Zulu Natal, the therapeutic milieu of the sample was the same. The current study provides a tentative portrait of a sample of intern clinical psychologists within a tertiary psychiatric hospital in the Gauteng Province in South Africa. Future studies may uncover differences and similarities in other regions of South Africa in light of the different emphases of South African universities' training contexts.

Moreover, the sample of the current study, with two Indian participants and 13 white participants, did not reflect the population demographics of South Africa. Future studies could offer further exploration of cultural aspects by accessing samples from different cultures or employing a sample that adequately represents the entire South African population of clinical psychologists. Furthermore, the sample profile of the current study consisted of ten female participants and five male participants. Future research could wish to include a more balanced sample of male and female participants.

Finally, an overall larger sample size of the current study could have enhanced the quality of the study.

### **5.5 Recommendations for Future Research Directions**

The current research studied the responses of 15 intern clinical psychologists. In doing so, it created an advantageous platform from which to explore the role of film in a milieu that straddled education and practice. Future research could wish to explore four different sample sets and compare their experiences of the role of film as educational tools, which would enhance the quality of the research as the sample profile would consist of participants with varying levels of qualification and experience. The sample profile could consist of undergraduate students, intern clinical psychologists, fully registered practitioners and psychiatrists. Future research could then compare the responses from the groups of different participants.

A further future research direction could explore the role of films in the context of a film club in South Africa. Internationally, film clubs are utilised to help students to be more emotionally connected to the course material, to better recall information and, eventually, to entrench this information in their practice (Coon, 2018; Georgopoulou, 2015; Kalra, 2011; Sharma, Sharma, & Ghai, 2013). Similar to the study conducted by Kalra (2011), the development of film clubs and its educational benefits could be further explored and suggestions can be made to improve the use of cinema education within the South African context. Kalra (2011) specifically focuses on the in-depth discussion between participants after the films have been watched. In a similar fashion, Alexander et al. (2005), Gabbard and Gabbard (1999), and Zimmerman (2003) produced books on the appropriate use of films in a classroom setting, providing the reader with a vast variety of films as well as specific scenes from films that depict particular psychological nuances.

The setting of the current research study was in a communal room of a tertiary psychiatric hospital. The intern clinical psychologists wished to make the room comfortable while watching the films and sat together on mattresses or cushions. The researcher noticed that throughout the two films, the participants sometimes exchanged thoughts, ideas and comments about the characters in the films. They would compare a specific behaviour that they observed in one of the characters and compare it to their own patients.

The participants also occasionally expressed their annoyance with the characters (e.g., when they could observe how the Ingrid would drain Jack Cope). Although the researcher paid attention to these nuances, these could be explored in more depth in future research endeavours. The discussions, dialogues and debates resulting from watching the films could be explored while watching the films (pausing between scenes) or after the films have concluded. Instead of interviewing the participants separately, future research could employ a

focus group discussion with the participants to capture how they stimulate each other to articulate their thoughts.

Alternatively, future research could explore a wider range of films as educational tools. Instead of two films presenting the same disorder (BPD), shorter clips from approximately ten films could be carefully selected to show a wider range of disorders. Here, the participants will be given a platform to not only differentiate between different portrayals of the same diagnoses (e.g., exploring how BPD is played out differently between Ingrid and Sylvia) but to differentiate between different diagnoses. Whereas the current study focuses primarily on the identification process of the relational dynamics and subtleties of BPD, future research could look into a specific psychotherapy model and how a particular therapy model would intervene in relation to specifically portrayed dynamics using clips of film scenes. This way, the focus would not just be on diagnostic knowledge but would also include therapeutic knowledge.

## **5.6 Conclusion**

The final chapter of the current study provided an overview of the overall findings, reflected upon in more comprehensive manner than in Chapter 4. Further, the potential contributions the current study made to the existing body of knowledge on the role of films as educational tools were discussed and the limitations of the study were addressed. Finally, the chapter concluded with recommendations for future research in the field of cinema education.

## References

- Adler, G. (1985). *Borderline psychopathology and its treatment*. New York, NY: Jason Aronson.
- Ainsworth, M. S., & Bowlby, J. (1991). An ethological approach to personality development. *American Psychologist*, 46(4), 333–341.
- Alexander, M., Lenahan, P., & Pavlov, A. (2005). *Cinemeducation: A comprehensive guide to using film in medical education*. Oxford, England: Radcliffe Publishing.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- Anderson, D. D. (1992). Using feature films as tools for analysis in a psychology and law course. *Teaching of Psychology*, 19(3), 155–158.
- Appignanesi, L. (2008). *Mad, bad and sad: A history of women and the mind doctors from 1800 to the present*. New York, NY: W. W. Norton & Company.
- Banyard, V. L. (2000). Using first-person accounts to teach students about psychological disorders. *Teaching of Psychology*, 27(1), 40–43.
- Barbour, R. S. (2001). Checklists for improving rigour in qualitative research: A case of the tail wagging the dog? *British Medical Journal*, 322, 1115–1117.
- Barnett, L., & Owens, M. (2015). Does play have to be playful? In J. Johnson, S. Eberle, T. Henricks & D. Kushner (Eds.), *The handbook of the study of play* (pp. 453–459). London, England: Rowman & Littlefield
- Bateman, A. W., & Fonagy, P. (2004). Mentalization-based treatment of BPD. *Journal of Personality Disorders*, 18, 36–51.
- Batistatou, A., Doulis, E. A., Tiniakos, D., Anogiannaki, A., and Charalabopoulos, K. (2010). The introduction of medical humanities in the undergraduate curriculum of Greek

- medical schools: Challenge and necessity. *Hippokratia Medical Journal*, 14, 241–243.
- Benoit, D. (2004). Infant-parent attachment: Definition, types, antecedents, measurement and outcome. *Paediatrics & Child Health*, 9(8), 541–545.
- Berg-Cross, L., Jennings, P., & Baruch, R. (1990). Cinematherapy: Theory and application. *Psychotherapy in Private Practice*, 8, 135–156.
- Bhugra, D. (2003). Teaching psychiatry through cinema. *Psychiatric Bulletin*, 27(11), 429–430.
- Bischoff, R. J., & Reiter, A. D. (1999). The role of gender in the presentation of mental health clinicians in the movies: Implications for clinical practice. *Psychotherapy: Theory, Research, Practice, Training*, 36(2), 180–189.
- Bleicher, J. (1980). *Contemporary hermeneutics: Hermeneutics as method, philosophy and critique*. London, England: Routledge & Kegan Paul.
- Bloch, S. (2005). The art of psychiatry. *World of Psychiatry*, 4, 130–134.
- Böhmer, M. W. (2010). “Communication by impact” and other forms of non-verbal communication: A review of transference, countertransference and projective identification. *African Journal of Psychiatry*, 13(3), 179–183.
- Böhmer, M. W. (2011). Dynamic psychiatry and the psychodynamic formulation. *African Journal of Psychiatry*, 14(4), 273–277.
- Brink, A. P., & Krog, A. (2007). *Black butterflies: Selected poems*. Cape Town, South Africa: Human & Rousseau.
- Brocki, J. M., & Wearden, A. J. (2006). A critical evaluation of the use of interpretative phenomenological analysis (IPA) in health psychology. *Psychology & Health*, 21(1), 87–108.

- Browning, D. (2003). Internists of the mind or physicians of the soul: Does psychiatry need a public philosophy? *Australian and New Zealand Journal of Psychiatry*, 37(2), 131–137.
- Camp, M. E., Webster, R., Coverdale, C. R., Coverdale, J.H., & Nairn, R. (2010). The Joker: a dark night for depictions of mental illness. *Academic Psychiatry*, 34(2), 145–149.
- Christensen, L. B., Johnson, R. B., & Turner, L. A. (2014). *Research methods, design, and analysis* (11th ed.). Harlow: Pearson.
- Cohen, D., & Crabtree, B. (2006). *Qualitative research guidelines project*. Robert Wood Johnson Foundation. Retrieved from <http://qualres.org>.
- Conrad, P. (1987). The experience of illness: Recent and new directions. *Research in the Sociology of Health Care*, 6, 1–31.
- Coombes, A. E. (2003). *History after apartheid: Visual culture and public memory in a democratic Africa*. Durham, NC: Duke University Press.
- Cooper, R., Fleischer, A., & Cotton, F. A. (2012). Building connections: an Interpretative Phenomenological Analysis of qualitative research students' learning experiences. *The Qualitative Report*, 17(1), 1–16.
- Creswell, J. W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches*. Los Angeles, CA: Sage.
- Croon, R. A. (2018). Cinema in nursing education: Tapping into the affective domain. *Journal of Nursing Education*, 57(3), 188–189.
- Darbyshire, D., & Baker, P. (2012). A systematic review and thematic analysis of cinema in medical education. *Journal of Medical Humanities*, 38, 28–33.
- Darbyshire, D., & Baker, P. (2011). Cinema in medical education – has it penetrated the mainstream? *Journal of Medicine and Movies*, 7, 8–14.



- Datta, V. (2009). Madness and the movies: An undergraduate module for medical students. *International Review of Psychiatry*, 21, 261–266.
- Dave, S., & Tandon, K. (2011). Cinemeducation in psychiatry. *Advances in psychiatric treatment*, 17(4), 301-308.
- Davidson, C. N. (2001). *Now you see it: How technology and brain science will transform schools and business for the 21st century*. New York, NY: Penguin.
- De Vos, A. S., Strydom, H., Fouché, C. B., & Delport, C. S. L. (2005). *Research at grassroots*. Pretoria, South Africa: Van Schaik.
- Deetz, S. (1996). Describing differences in approaches to organization science: Rethinking Burrell and Morgan and their legacy. *Organization Science*, 7(2), 191–207.
- Denzin, N. K., & Lincoln, Y. S. (2003). *The landscape of qualitative research: Theories and issues*. Thousand Oaks, CA: Sage.
- Dewey, J. (1938). *Experience and education: The Kappa Delta Phi lecture series*. New York, NY: Kappa Delta Pi.
- Dewey, J. (1944). *Democracy and education*. New York, NY: The Free Press.
- Eber, M., & O'Brien, J. M. (1982). Psychotherapy in the movies. *Psychotherapy: Theory, Research and Practice*, 19(1), 116–120.
- Eberle, S. (2014). The elements of play: Towards a philosophy and definition of play. *Journal of Play*, 6(2), 214–233.
- Eisen, G. (1988). *Children and play in the Holocaust: Games among the shadows*. Amherst, MA: University of Massachusetts Press.
- Feirstein, F. (2016). A psychoanalytic study of Sylvia Plath. *Psychoanalytic Review*, 103(1), 103–126.
- Feridounpour, A. (2012). “Empty benches of memory”: Sylvia Plath, a sketch. *Plath Profiles: An Interdisciplinary Journal for Sylvia Plath Studies*, 5, 40–47.

- Fleming, M. Z., Piedmont, R. L., & Hiam, C. M. (1990). Images of madness: Feature films in teaching psychology. *Teaching of Psychology, 17*(3), 185–187.
- Fletcher, J. (1966). *Situation ethics: The new morality*. Louisville, KY: Westminster John Knox Press.
- Flowers, P., Smith, J. A., Sheeran, P., & Beail, N. (1997). Health and romance: Understanding unprotected sex in relationships between gay men. *British Journal of Health Psychology, 2*, 73–86.
- Fonagy, P. (2001). *Attachment theory and psychoanalysis*. New York, NY: Other Press.
- Fonagy, P., & Target, M. (1996). Playing with reality: I. Theory of mind and the normal development of psychic reality. *The International Journal of Psychoanalysis, 77*(2), 217.
- Fonagy, P., & Target, M. (2000). Playing with reality, III: The persistence of dual psychic reality in borderline patients. *International Journal of Psychoanalysis, 81*, 853–874.
- Foucault, M. (1973 [1963]). *The birth of the clinic*. (AM Sheridan, Trans.). New York, NY: Routledge.
- Fritz, G. K., & Poe, R. O. (1979). The role of a cinema seminar in psychiatric education. *American Journal of Psychiatry, 136*, 207–210.
- Fröbel, F., & Lilley, I. M. (1967). *Friedrich Froebel*. Cambridge, MA: Cambridge University Press.
- Gabbard, G. O. (2005). *Psychodynamic psychiatry in clinical practice* (4th ed.). Arlington, VA: American Psychiatric Publishing.
- Gabbard, G. O., & Gabbard, K. (1999). *Psychiatry and the cinema* (2nd ed.). Washington, DC: American Psychiatric Press.
- Gabbard, G., & Horowitz, M. (2010). Using media to teach how not to do psychotherapy. *Academic Psychiatry, 34*, 27–30.

- Georgopoulou, C. (2015). Cinema and personality disorders. *Journal of Psychology and Clinical Psychology*, 3(4), 00146.
- Gerisch, B. (1998). "This is not death, it is something safer": A psychodynamic approach to Sylvia Plath. *Death studies*, 22(8), 735-761.
- Golafshani, N. (2003). Understanding reliability and validity in qualitative research. *The Qualitative Report*, 8(4), 597–607.
- Gonzalez, M. C. (2000). The four seasons of ethnography: A creation-centered ontology for ethnography. *International Journal of Intercultural Relations*, 24, 623–650.
- Gordon, J. (2005). Medical humanities: To cure sometimes, to relieve often, to comfort always. *Medical Journal of Australia*, 182, 5–8.
- Gramaglia, C., Jona, A., Imperatori, F., Torre, E., & Zeppegno, P. (2013). Cinema in the training of psychiatry residents: Focus on helping relationships. *BMC Medical Education*, 13(90), 1–6
- Gravetter, F. J., & Forzano, L. B. (2012). *Research methods for the behavioural sciences* (4th ed.). Boston, MA: Cengage Learning.
- Grinker, R. R., Werble, B., & Drye, R. C. (1968). *The borderline syndrome: A behavioral study of ego-functions*. New York, NY: Basic Books.
- Grosser, M. (2016). Development of the critical thinker. In E. R. du Toit, L. P. Louw & L. Jacobs (Eds.), *Help I'm a student teacher: Skills development for teaching practice* (pp. 67–90). Pretoria, South Africa: Van Schaik Publishers.
- Guggenbühl-Craig, A. (1999). *A power in the helping professions*. New York, NY: Spring Publications.
- Hambidge, J. (2008). Black butterflies: Selected poems by Ingrid Jonker. *Scrutiny*, 13(2), 96–98.

- Hambidge, J. (2008). Review on Ingrid Jonker: *Black butterflies* - selected poems. *Scrutiny: Issues in English Studies in Southern Africa*, 13(2), 96–98
- Henning, E., van Rensburg, W., & Smit, B. (2004). *Finding your way in qualitative research: A beginner's guide*. Pretoria, South Africa: Van Schaik Publishers.
- Hesse, M., Schlieve, S., & Thomsen, R. R. (2005). Rating of personality disorder features in popular movie characters. *BMC Psychiatry*, 5(45), 1–8.
- Hillman, J. (1998). *The myth of analysis*. Chicago, IL: Northwestern University Press.
- Hirsh-Pasek, K., Golinkoff, R.M., Berk, L.E., & Singer, D.G. (2009). *A mandate for playful learning in preschool: Presenting the evidence*. Oxford, England: Oxford University Press.
- Holloway, I. (1997). *Basic concepts for qualitative research*. London, England: Blackwell Science.
- Houghton, C., Casey, D., Shaw, D., & Murphy, K. (2013). Rigour in qualitative case-study research. *Nurse Research*, 20(4), 12–17.
- Huizinga, J. (1955). *Homo ludens: A study of the play-element in culture*. Boston, MA: Beacon.
- Hussein, A. (2009). The use of triangulation in social science research: Can qualitative and quantitative methods be combined? *Journal of Comparative Social Work*, 4(1), 1–9.
- Hyler, S. E. (1988). DSM-III at the cinema: Madness in the movies. *Comprehensive Psychiatry*, 29, 195–206.
- Hyler, S. E., Gabbard, G. O., & Schneider, I. (1991). Homicidal maniacs and narcissistic parasites: Stigmatization of mentally ill persons in the movies. *Hospital and Community Psychiatry*, 42, 1044–1048.
- Izod, J. (2000). Active imagination and the analysis of film. *Journal of Analytical Psychology*, 45, 267–285.

- Johnson, M. (Producer), & Levinson, B. (Director). (1988). *Rain Man* [Motion picture].  
United States of America: United Artists.
- Jung, C. G. (1939). *The integration of the personality*. Oxford, England: Farrar & Rinehart.
- Jung, C. G. (1960). *Collected works of C. G. Jung: Vol 8. The structure of the psyche* [sic].  
Princeton, N.J.: Princeton University Press.
- Jung, C. G. (1969). The structure of the psyche. In H. Read, M. Fordham, G. Adler, & W. McGuire (Eds.) (R. F. C. Hull, Trans.), *The collected works of C. G. Jung: Vol. 8. The structure and dynamics of the psyche* (2nd ed.). Princeton, NJ: Princeton University Press.  
(Original work published 1931).
- Jung, C. G. (1981). *The practice of psychotherapy*. Turin, Italy: Bollati Boringhieri.
- Jung, C.G. (1969). *Collected works of C.G. Jung. Vol. 9: Archetypes and the collective unconscious* [sic]. Princeton, N.J.: Princeton University Press.
- Kalra, G. (2011). Psychiatry movie club: A novel way to teach psychiatry. *Indian Journal of Psychiatry*, 53(3), 258–260.
- Kalra, G. (2012). Lights, camera and action: Learning necrophilia in a psychiatry movie club. *Journal of Forensic Legal and Legal Medicine*, 20(3), 139–142.
- Kernberg, O. F. (1967). Borderline personality organization. *Journal of the American Psychoanalytical Association*, 15(3), 641–685.
- Kernberg, O. F. (1975). *Borderline conditions and pathological narcissism*. New York, NY: Jason Aronson.
- Knight, R. P. (1953). Borderline states. *Bulletin of the Menninger Clinic*, 17(1), 1–12.
- Kolb, D. A. (1984). *Experiential learning: Experience as the source of learning and development*. Englewood Cliffs, NJ: Prentice Hall.
- Kreisman, J. J., & Straus, H. (2010). *I hate you – don't leave me: Understanding the borderline personality*. New York, NY: Penguin.

- Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology*, 3, 102–120.
- Lemma, A. (2003). *Introduction to the practice of psychoanalytic psychotherapy*. Chichester, NY: Wiley.
- Liles, R. E. (2007). The use of feature films as teaching tools in social work education. *Journal of Teaching in Social Work*, 27(3-4), 45–60.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic Inquiry*. Beverly Hills, CA: Sage.
- Mahler, M. S., Pine, F., & Bergman, A. (1975). *The psychological birth of the human infant: Symbiosis and individuation*. New York, NY: Basic Books.
- Malcolm, J. (2012). *The Silent Woman: Sylvia Plath and Ted Hughes*. New York, NY: Vintage.
- Mardell, B., Wilson, D., Ryan, J., Ertel, K., Krechevsky, M., & Baker, M. (2016). *Towards a Pedagogy of Play*. Retrieved from <http://www.pz.harvard.edu>.
- Marshall, C., & Rossman, G. B. (1999). *Designing qualitative research* (3rd ed.). Newbury Park, CA: Sage.
- Martimianakis, M. A., Michalec, B., Lam, J., Cartmill, C., Taylor, J. S., & Hafferty, W. (2015). Humanism, the hidden curriculum, and educational reform: A scoping review and thematic Analysis. *Journal of the Association of American Medical Colleges*, 90(11), 5–13.
- Masterson, J. F., & Rinsley, D. B. (1975). The borderline syndrome: The role of the mother in the genesis and psychic structure of the borderline personality. *International Journal of Psychoanalysis*, 56, 163–177.
- Middleton, C. (2013). The use of cinematic devices to portray mental illness. *eTropic: Electronic Journal of Studies in Tropics*, 12(2), 180–190.

- Mischoulon, D., & Beresin, E. V. (2004). *The Matrix*: An allegory of the psychoanalytic journey. *Academic Psychiatry*, 28(1), 71–77.
- Misselbrook, D. (2013). Foucault. *The British Journal of General Practice*, 63(611), 312.
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.
- Niemiec, R. M. (2010). International cinema: An abundant mental health resource of films for education, communication, and transformation. In M. Banks Gregerson (Ed.), *The cinematic mirror for psychology and life coaching* (pp. 123–153). New York, NY: Springer.
- Nieswiadomy, R. M. (1993). *Foundations of nursing research* (2nd ed.). Norwalk, CT: Appleton & Lange.
- Norcross, J. C., Sommer, R., & Clifford, J. S. (2001). Incorporating published autobiographies into the abnormal psychology course. *Teaching of Psychology*, 28(2), 125–128.
- Nussbaum, M. C. (1998). *Cultivating humanity*. Cambridge, MA: Harvard University Press.
- Orchowski, L. M., Spickard, B. A., & McNamara, J. R. (2006). Cinema and the valuing of psychotherapy: Implications for clinical practice. *Professional Psychology: Research and Practice*, 37(5), 506–514.
- Osborne, M., & Smith, J. A. (1998). The personal experience of benign lower back pain: An interpretative phenomenological analysis. *British Journal of Health Psychology*, 3, 65–83.
- Owen, A. (Producer), & Jeffs, C. (Director). (2003). *Sylvia*. [Motion picture]. United Kingdom: BBC Films.
- Paddock, J. R., Terranova, S., & Giles, L. (2001). SASB goes Hollywood: Teaching personality theories through movies. *Teaching of Psychology*, 28(2), 117–121.

- Patrick, M., Hobson, R. P., Castle, D., Howard, R., & Maughan, B. (1994). Personality disorder and the mental representation of early social experience. *Development and Psychopathology*, 6, 375–388.
- Pearson, Q. M. (2006). Using the film *The Hours* to teach diagnosis. *Journal of Humanistic Counselling, Education and Development*, 45, 70–78.
- Piaget, J. (1971). *Science of education and the psychology of the child*. New York, NY: Viking Press.
- Pietkiewicz, I., & Smith, J.A. (2012). Praktyczny przewodnik interpretacyjnej analizy fenomenologicznej w badaniach jakościowych w psychologii. *Czasopismo Psychologiczne*, 18(2), 361–369.
- Pink, D. H. (2006). *A whole new mind: Why right-brainers will rule the future*. New York, NY: Riverhead Books.
- Powell, M. L., Newgent, R. A., Lee, S. M. (2006). Group cinematherapy: Using metaphor to enhance adolescent self-esteem. *Arts in Psychotherapy*, 33, 247–253.
- Resnick, M. (2007). All I really need to know (about creative thinking) I learned (by studying how children learn) in kindergarten. In *Proceedings of the 6th ACM SIGCHI conference on Creativity & cognition* (pp. 1–6). ACM.
- Resnick, M. (2008). Sowing the seeds for a more creative society. *Learning & Leading with Technology*, 35(4), 18–22.
- Resnick, M. (2017). *Lifelong kindergarten: Cultivating creativity through projects, passion, peers and play*. Cambridge, MA: The MIT Press.
- Resnick, M., & Rosenbaum, E. (2013). Designing for tinkerability. *Design, make, play: Growing the next generation of STEM innovators*, 163–181.
- Robinson, K. (2011). *Out of our minds: Learning to be creative* (2<sup>nd</sup> ed.). Westford, MA: Capstone.



- Ross, D. R., & Favero, M. (2002). The experience of borderline phenomena through cinema: Quentin Tarantino's *reservoir dogs*, *true romance*, and pulp fiction. *Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry*, 30(3), 489–507.
- Sadock, B. J., Sadock, V. A., & Ruiz, P. (2015). *Synopsis of psychiatry: Behavioural sciences/clinical psychiatry* (11th ed.). Philadelphia, PA: Wolters Kluwer.
- Scalia, J. (Ed.). (2002). *The vitality of objects: Exploring the work of Christopher Bollas*. London, England: Sage Publications.
- Schechner, R. (1988). Play. *Play and Culture*, 1(1), 3–27.
- Schmideberg, M. (1959). The borderline patient. In S. Arieti (Ed.), *American Handbook of Psychiatry, Vol 1*. New York, NY: Basic Books (pp 398–416).
- Sharma, N., Sharma, S., & Ghai, S. (2013). Psychiatry movie club: An innovative way to teach psychiatry. *Dehli Psychiatric Journal*, 16(2), 335–342.
- Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22, 63–75.
- Signorielli, N. (1993). *Mass media images and impact on health*. Westport, CT: Greenwood Press.
- Smith, J. A., & M. Osborne. (2003). *Interpretative Phenomenological Analysis*. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods*. Thousand Oaks, CA: Sage.
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. London, England: Sage Publications.
- Smith, J. A., Harré, R., & Van Langenhove, L. (1995). Idiography. In J. A. Smith, R. Harré & L. Van Langenhove, *Rethinking Psychology* (pp. 56–69). London, England: Sage Publications.

- Smith, J. A., Jarman, M., & Osborn, M. (1999). *Doing interpretative phenomenological analysis*. In M. Murray and K. Chamberlain (Eds.), *Qualitative health psychology: Theories and methods* (pp.218–241). Thousand Oaks, CA: Sage.
- Starks, H., & Brown Trinidad, S. (2007). Choose your method: A comparison of phenomenology, discourse analysis, and grounded theory. *Qualitative Health Research, 17*(10), 1372–1380.
- Sutton-Smith, B. (1997). *The ambiguity of play*. Cambridge, MA: Harvard University Press.
- Terre Blanche, M., Durrheim, K., & Painter, D. (2006). *Research in practice: Applied methods for the social sciences*. Cape Town, South Africa: University of Cape Town Press.
- Thomas, P. Y. (2010). *Towards developing a web-based blended learning environment at the University of Botswana* (Unpublished doctoral thesis) University of South Africa. Retrieved from <http://hdl.handle.net/10500/4245>.
- Tracy, S. L. (2010). Qualitative quality: Eight “big-tent” criteria for excellent qualitative research. *Qualitative Inquiry, 16*(10), 837–851.
- Trilling, B., & Fadel, C. (2009). *21st century skills: Learning for life in our times*. San Francisco, CA: John Wiley & Sons.
- Van Sant, G. (Producer), & Grazer, B. (Director). (1998). *Psycho* [Motion picture]. United States of America: Imagine Entertainment.
- Van Woerden, H., & Van Schaik, S. (2001). *Korreltjie Niks is My Dood: Een Verdicht Leven – Ingrid Jonker (1933-1965)* [Documentary]. Holland: Vrijzinnig Protestantse Radio Omroep (VPRO).
- Van Gestel, F. (Producer), & Van der Oest, P. (Director). (2011). *Black Butterflies* [Motion picture]. Amsterdam, Netherlands: IDTV Company.
- Vorster, C. (2011). *Impact: The story of interactional therapy*. Pretoria, South Africa: Satori.

- Vorster, C., Roos, V., & Beukes, M. (2013). A psycho-diagnostic tool for psychotherapy: Interactional pattern analysis (IPA). *Journal of Psychology in Africa*, 23(3), 525–530.
- Vygotsky, L. (1978). *Mind and society: The development of higher psychological processes*. Cambridge, MA: Harvard University Press.
- Wahl, O.F. (1995). *Media madness: Public images of mental illness*. New Brunswick, NJ: Rutgers University Press.
- Webster Jr, C. R., Valentine, L. C., & Gabbard, G. O. (2015). Film clubs in psychiatric education: The hidden curriculum. *Academic Society*, 39, 601–604.
- Wedding, D., & Boyd, M. A. (1999). *Movies and mental illness: Using films to understand psychopathology*. Boston, MA: Mc GrawHill.
- Wedding, D., & Niemiec, R. M. (2003). The clinical use of films in psychotherapy. *Journal of Clinical Psychology*, 59(2), 207–215.
- Wedding, D., Boyd, M. A., & Niemiec, R. M. (2010). *Movies and mental illness 3: Using films to understand psychopathology* (3rd ed.). Cambridge, MA: Hogrefe.
- Willig, C. (2001). *Introducing qualitative research in psychology: Adventures in theory and mind*. Buckingham, England: Open University Press.
- Willis, J. W. (2007). *Foundations of qualitative research: Interpretive and critical approaches*. Thousand Oaks, CA: Sage.
- Wolff, G., Pathare, S., Craig, T., & Jeff, L. (1996). Community knowledge of mental illness and reaction to mentally ill people. *The British Journal of Psychiatry*, 168, 191–198.
- Wood, M. (1975). *America in the movies*. New York, NY: Dell.
- Zanarini, M. C., & Frankenburg, F. R. (1997). Pathways to the development of borderline personality disorder. *Journal of Personality Disorders*, 11, 93–104.

- Zanarini, M. C., Gunderson, J. G., & Frankenburg, F. R. (1990). Discriminating borderline personality disorder from other Axis II disorders. *American Journal of Psychiatry*, 147(2), 161–167.
- Zerby, S. A. (2005). Using the science fiction film *Invaders From Mars* in a child psychiatry seminar. *Academic Psychiatry*, 29(3), 316-321.
- Zimmerman, J. N. (2003). *People like ourselves: Portrayals of mental illness in the movies*. Lanham, MD: Scarecrow Press.

## Appendix A: Ethical Clearance from Unisa

Ref. No: PERC-16039



### Ethical Clearance for M/D students: Research on human participants

*The Ethics Committee of the Department of Psychology at Unisa has evaluated this research proposal for a Higher Degree in Psychology in light of appropriate ethical requirements, with special reference to the requirements of the Code of Conduct for Psychologists of the HPCSA and the Unisa Policy on Research Ethics.*

**Student Name:** Stephanie Katharina Nowack      **Student no.** 57515352

**Supervisor:** Christine Laidlaw      **Affiliation:** Dept. of Psychology, Unisa

#### Title of project:

The role of film in enhancing training psychologists' understanding of Borderline Personality Disorder (BPD)

The proposal was evaluated for adherence to appropriate ethical standards as required by the Psychology Department of Unisa. The application was approved by the Ethics Committee of the Department of Psychology on the understanding that –

- All ethical requirements regarding informed consent, the right to withdraw from the study, the protection of participants' privacy and confidentiality of the information should be made clear to the participants and adhered to, to the satisfaction of the supervisor;
- Clearance is to be obtained from the hospitals from which the participants are to be drawn, and all conditions and procedures regarding access to staff for research purposes that may be required by these institutions are to be met.

Signed:

Prof. M. Papaikonomou  
[For the Ethics Committee]  
[Department of Psychology, Unisa]

Date: 2016-10-12

*The proposed research may now commence with the proviso that:*

- 1) The researcher/s will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.*
- 2) Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study, as well as changes in the methodology, should be communicated in writing to the Psychology Department Ethics Review Committee.*
- 3) An amended application should be submitted if there are substantial changes from the existing proposal, especially if those changes affect any of the study-related risks for the research participants.*
- 4) The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study.*

*Please note that research where participants are drawn from Unisa staff, students or data bases requires permission from the Senate Research and Innovation Committee (SENRIC) before the research commences.*

**Appendix B: Ethical Clearance from Psychiatric Institution**

Ms C. Laidlaw

Enquiries: Prof J Scholtz

Department of Psychology

Tel: 012 319 9762

UNISA

Date: 6 September 2016

RE: STEPHANIE NOWACK: MA RESEARCH PSYCHOLOGY

1. Ms Nowack has provided me with a protocol regarding her proposed study on the role of film in enhancing training Psychologists' understanding of Borderline Personality Disorder.
2. We are willing to assist and will provide permission for her to utilize intern psychologists as subjects for her study, should she be given permission by the ethics committee of UNISA to conduct the study.

Yours truly,

A handwritten signature in black ink, appearing to be "Prof J Scholtz".

Prof J Scholtz

Head: Department of Clinical Psychology: Weskoppies Hospital

## Appendix C: Information Letter



Good day,

My research focuses on the role of film in enhancing the understanding of psychological concepts and how films can be used as an educational tool as part of *cinema education*. *Cinema education* refers to a teaching method where films are incorporated into an educational environment as a way to convey certain content.

You will first be handed a technical reading. After you have familiarised yourself with the text you will be asked to watch two films that will be shown as part of your curriculum. Subsequently, a questionnaire will be handed to you which you will be asked to complete in the same session. The questionnaire will consist of approximately 15 questions.

The study will take place on 21 April 2017 (12:30 – 16:00) and 9 June 2017 (13:30 – 16:00). After these two sessions, I shall ask approximately six individuals of your group to participate in a semi-structured interview.

Please do not hesitate to contact me should you have any further questions.

Thanking you for your participation!

Kind regards,

A handwritten signature in black ink that reads "S. Nowack".

Stephanie Nowack

12 April 2017





## Appendix D: Cover Letter for Gabbard (2005) Reading



In preparation for the research sessions on **02 December 2016 (09:00-12:00)** and **09 December 2016 (09:00-12:00)**, please find the attached copy of the chapter on Cluster B Personality Disorders from Gabbard's (2005) *Psychodynamic psychiatry in clinical practice*.

My research focuses on the role of film in enhancing the understanding of psychological concepts and how films can be used as an educational tool as part of cinema education. Cinema education refers to a teaching method where films are incorporated into an educational environment as a way to convey certain content. Kindly read the chapter carefully before the commencement of the abovementioned research sessions with the following focus points:

- Primary focus on p. 427 – p. 438
  - Evolution of the Term
  - Demographic Features and Course of Illness
  - Psychodynamic Understanding and Etiology
- Secondary focus on p. 438 – p. 471
  - Findings from Neurobiology
  - Treatment

Please don't hesitate to contact me should you have any question.

Thanking you for your participation.

Kind regards

*S. Nowack*

Stephanie Nowack

25 November 2016



[stephinowack@gmail.com](mailto:stephinowack@gmail.com)



## Appendix E: Informed Consent for Questionnaires



Dear Participant

My name is Stephanie Nowack and I am currently enrolled at The University of South Africa as a Master's student in Psychology specialising in Research Consultation. The aim of my research study is to explore the role of films in enhancing psychologists-in-training understanding of personality disorders. Specifically, the purpose of this study is to explore how films may be used as an educational tool as part of cinema education. Cinema education refers to a teaching method where films are incorporated into the classroom as a way to convey certain content.

You have been asked to go through the technical reading handed out to you. You will now be asked to watch two films that will be shown as part of your curriculum. Subsequently, a questionnaire will be handed to you which you will be asked to complete in the same session.

Please be advised that participation in this study is entirely voluntary and you are under no obligation to participate. Moreover, you have the option not to answer the questions and you may withdraw from the study at any given point.

My findings will be published in the form of a dissertation and submitted for examination. The research study may be presented at a conference or published as an article in a scientific journal in future. Although direct quotes may be used in the write-up of the study, all identifying information about you will be removed. Your personal information will be kept confidential for five years locked away and then destroyed.

Please do not hesitate to contact me should you have any questions or queries.

Alternatively, you are also welcome to contact my supervisor Christine Laidlaw (clinical psychologist) on [REDACTED] if you have any queries.

Please complete this form at the bottom if you would like to participate in the study.

Thank you.

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

Stephanie Nowack (Researcher)

Tel: [REDACTED]

E-mail: [stephinowack@gmail.com](mailto:stephinowack@gmail.com)

I, \_\_\_\_\_, hereby confirm that I have read the conditions mentioned above on this form and that I understand what has been explained to me. I agree to voluntarily participate in this study and I am aware that I may terminate my participation at any time without consequence.

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_



University of South Africa  
Pretorius Street, Muckleneuk Ridge, City of Tshwane  
PO Box 392 UNISA 0003 South Africa  
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150  
[www.unisa.ac.za](http://www.unisa.ac.za)

## Appendix F: Questionnaire



*Black Butterflies* (Van Gestel & Van der Oest, 2011) and *Sylvia* (Owen & Jeffs, 2003) Questionnaire

---

1. Which diagnostic criteria of borderline personality disorder (BPD) were met in film?

In what ways was it evident? And where?

---

---

---

---

---

---

---

2. In what ways did the film *Black Butterflies* (Van Gestel & Van der Oest, 2011) and/or *Sylvia* (Owen & Jeffs, 2003) help you to understand how someone with BPD feels?

---

---

---

---

---

---

---

3. In what ways did *Black Butterflies* (Van Gestel & Van der Oest, 2011) and/or *Sylvia* (Owen & Jeffs, 2003) provide an understanding of BPD?

---

---

---

---

---

---

---

4. In what ways did *Black Butterflies* (Van Gestel & Van der Oest, 2011) and/or *Sylvia* (Owen & Jeffs, 2003) portray the causes of or developmental pathways of BPD?  
What stood out for you?

---

---

---

---

---

---

---

5. In what ways did *Black Butterflies* (Van Gestel & Van der Oest, 2011) and/or *Sylvia* (Owen & Jeffs, 2003) show the presentation of the constellation of the symptoms of BPD?

---

---

---

---

---

---

---

6. In what ways did the film portray the interpersonal nature of BPD? In what ways was the impact portrayed? Please give a short description.

---

---

---

---

---

---

---

7. For you, how did the portrayal in *Black Butterflies* (Van Gestel & Van der Oest, 2011) and/or *Sylvia* (Owen & Jeffs, 2003) match BPD in the

a. DSM-5 classification system?

---

---

---

---

---

---

---

b. Reading by Gabbard (2005)?

---

---

---

---

---

---

---

8. What aspects of the theories of BPD found in Gabbard (2005) of the aetiology and treatment did the film's portrayal exemplify?

---

---

---

---

---

---

---

9. What did you learn about BPD from *Black Butterflies* (Van Gestel & Van der Oest, 2011) and/or *Sylvia* (Owen & Jeffs, 2003) that has not stood out for you before with your experience with clients or coursework?

---

---

---

---

---

---

---

10. Do you have any additional thoughts with regards to cinema being used in education?

---

---

---

---

---

---

---

*Your participation is much appreciated!*



University of South Africa  
Preller Street, Muckleneuk Ridge, City of Tshwane  
PO Box 392 UNISA 0003 South Africa  
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150  
[www.unisa.ac.za](http://www.unisa.ac.za)

## Appendix G: Informed Consent for Semi-Structured Interviews

---



Dear Participant

Thank you for participating in the two film sessions.

For the second part of the study I shall conduct a semi-structured interview with you consisting of approximately 45 minutes.

Please be advised that participation in this study is entirely voluntary and you are under no obligation to participate. Moreover, you have the option not to answer the questions and you may withdraw from the study at any given point.

My findings will be published in the form of a dissertation and submitted for examination. The research study may be presented at a conference or published as an article in a scientific journal in future. Although direct quotes may be used in the write-up of the study, all identifying information about you will be removed. Your personal information will be kept confidential for five years locked away and then destroyed.

Please do not hesitate to contact me should you have any questions or queries.

Alternatively, you are also welcome to contact my supervisor Christine Laidlaw (clinical psychologist) on 012 429 8294 if you have any queries.

Thank you.

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

Stephanie Nowack (Researcher)

Tel: [REDACTED]

E-mail: [REDACTED]



I, \_\_\_\_\_, hereby confirm that I have read the conditions mentioned above on this form that I understand what has been explained to me. I agree to voluntarily participate in this study and I am aware that I may terminate my participation at any time without consequence.

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_



University of South Africa  
Preller Street, Muckleneuk Ridge, City of Tshwane  
PO Box 392 UNISA 0003 South Africa  
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150  
[www.unisa.ac.za](http://www.unisa.ac.za)

## Appendix H: Semi-Structured Interview Guides

- Now that you have watched both films and you had some time to reflect upon them, what has stayed with you? In particular, what scenes stayed with you?
- What still surprises you with the individuals portrayed? What is unforgettable?
- Have the films shifted your views in any way? Have they influenced you in any way?
- In the questionnaire you mentioned that the films offered a more emotional form of learning. How was it helpful in terms of emotional learning compared to cognitive learning? (A follow-up question.)
- If Ingrid/Sylvia was your patient, how would you feel this portrayal would help you to give her psychotherapy?
- If you were Sylvia's/Ingrid's psychotherapist, did the films help you to think like a diagnostician? A family member? The patient herself?
- In what ways did you find yourself diagnosing and where?
- When were you thinking or feeling like the person, if ever?
- What are the advantages of using film as an educational tool?
- What are the disadvantages of using film as an educational tool?
- In what ways can the reading and the film work together? How do you understand the link? Are there disadvantages?
- Did you find the clips useful? Full-length compared to just the clips? Advantages and disadvantages?
- If this were to be implemented as part of cinema education, what would your suggestions or recommendation be?
- How did you like to watch it with other people present?
- What is it about films as an educational tool that is different from other tools?

**Appendix I: Co-coding Certificate**

---

**Coding Certificate** | 2017

---

**THIS IS TO CERTIFY THAT**

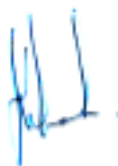
I, Jennifer Graham, in my capacity as an independent Research Consultant,  
have co-coded and themed the qualitative data

for the study exploring:

**THE ROLE OF FILM IN ENHANCING INTERN CLINICAL  
PSYCHOLOGISTS TRAINING UNDERSTANDING OF  
BORDERLINE PERSONALITY DISORDER**

I declare that I have reached consensus with Stephanie Nowack on the major  
themes and sub-themes arising from the coding of the data.

This was confirmed during a consensus discussion had between us on the  
2nd of December, 2017. I have also provided her with a coding report  
detailing my findings.




---

Jennifer Graham

Date: 02-Dec-2017

## Appendix J: Confidentiality Agreement

<div style="display: flex; justify-content: space-between; align-items: center;"> <div>Confidentiality agreement</div> <div style="border-left: 1px solid black; padding-left: 5px; color: #0070C0; font-weight: bold;">2017</div> </div> <hr style="border: 1px solid black; margin: 5px 0;"/> <p style="text-align: center; font-weight: bold; margin: 0;">CONFIDENTIALITY CLAUSE</p> <p style="text-align: center; font-weight: bold; margin: 5px 0;">BETWEEN</p> <p style="text-align: center; margin: 0;">Jennifer Graham</p> <p style="text-align: center; font-weight: bold; margin: 5px 0;">AND</p> <p style="text-align: center; margin: 0;">Stephanie Nowack</p> <p style="text-align: center; font-weight: bold; margin: 5px 0;">Research Title:</p> <p style="text-align: center; font-weight: bold; margin: 0;">THE ROLE OF FILM IN ENHANCING INTERN CLINICAL PSYCHOLOGISTS TRAINING UNDERSTANDING OF BORDERLINE PERSONALITY DISORDER</p> <p style="margin-top: 20px;">The research code of ethics mandates that confidentiality should be maintained throughout data collection, data analysis and report writing.</p> <p>As a research consultant, I understand that I have access to confidential information. By signing this statement, I am indicating my understanding of this responsibility and agree to the following:</p> <ul style="list-style-type: none"> <li>▪ I understand that all information obtained or accessed by me in the course of our work is confidential and I agree not to divulge or otherwise make known to unauthorised persons any of this information, unless specifically authorised to do so.</li> <li>▪ I understand that names and any other identifying information about study sites and participants are completely confidential.</li> <li>▪ I agree to use the data solely for the purpose stipulated by the client.</li> <li>▪ I agree to maintain the confidentiality of the data at all times and keep the data in a secure, password protected location.</li> <li>▪ The data will be stored for a period of approximately six months for the client, after which time it will be deleted from the hard drive using a secure delete application which renders the file unrecoverable.</li> </ul> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="width: 45%;"> <p>Signed: </p> <hr style="border: 0.5px solid black;"/> <p>Jennifer Graham</p> </div> <div style="width: 45%; text-align: right;"> <p>Date: 02-Dec-2017</p> <hr style="border: 0.5px solid black;"/> </div> </div>
---

**Appendix K: Letter from Editor**

---

K Gilbertson | 2019

---

08/04/2019

To whom it may concern,

This letter serves to confirm that the attached thesis, "The role of film in enhancing intern clinical psychologists' understanding of borderline personality disorder", has been edited by a qualified language practitioner. For further verification, I may be contacted by email: [kellygilbertson@gmail.com](mailto:kellygilbertson@gmail.com) or by phone: 0616150292.

Kind regards,

Kelly-Anne Gilbertson

BA (Hons, Cum laude), MA (Cum laude), PhD

